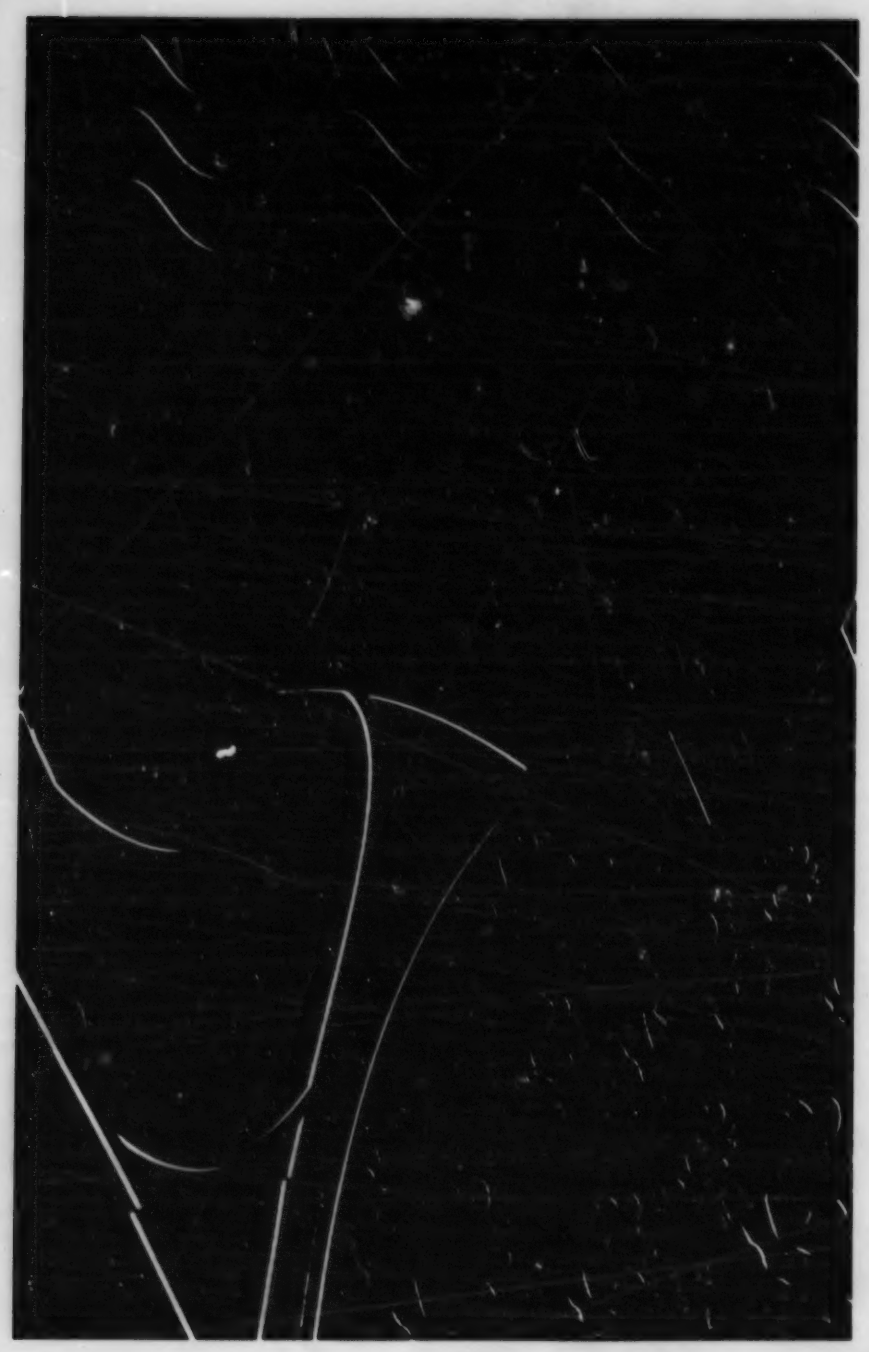
Talking Tools II

Putting Communication Skills to Work



Course Book

A Three-Hour Interactive Course for Practising Physicians

Health Canada Santé Canada

Canada

Talking Tools II

Putting Communication Skills to Work

Course Book

A Three-Hour Interactive Course for Practising Physicians

Our mission is to help the people of Canada
maintain and improve their health.
Health Canada

Important note to readers

This interactive course requires the use of a video entitled *Talking Tools*, which forms part of *Talking Tools I — Better Physician-Patient Communication for Better Patient Outcomes.*

The video is available through Continuing Medical Education libraries of Canadian Medical Schools.

If you are interested in learning more about
Health Canada's *Talking Tools* series, please write to:

Cancer Division, 1910C1
Tunney's Pasture, Ottawa, Ontario K1A 1B4
or access our Web site at: www.hc-sc.gc.ca/hppb/ahi/breastcancer/publications.html

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Acknowledgements

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Foreword

Interest in effective patient-physician communication has grown enormously since the Canadian Breast Cancer Initiative (CBCI) published *Talking Tools I — Better Physician-Patient Communication for Better Patient Outcomes* in 1998. In fact, practising physicians, medical schools and patients across Canada are becoming more focused in their efforts to improve patient-physician relationships, and to adopt patient-centred practices.

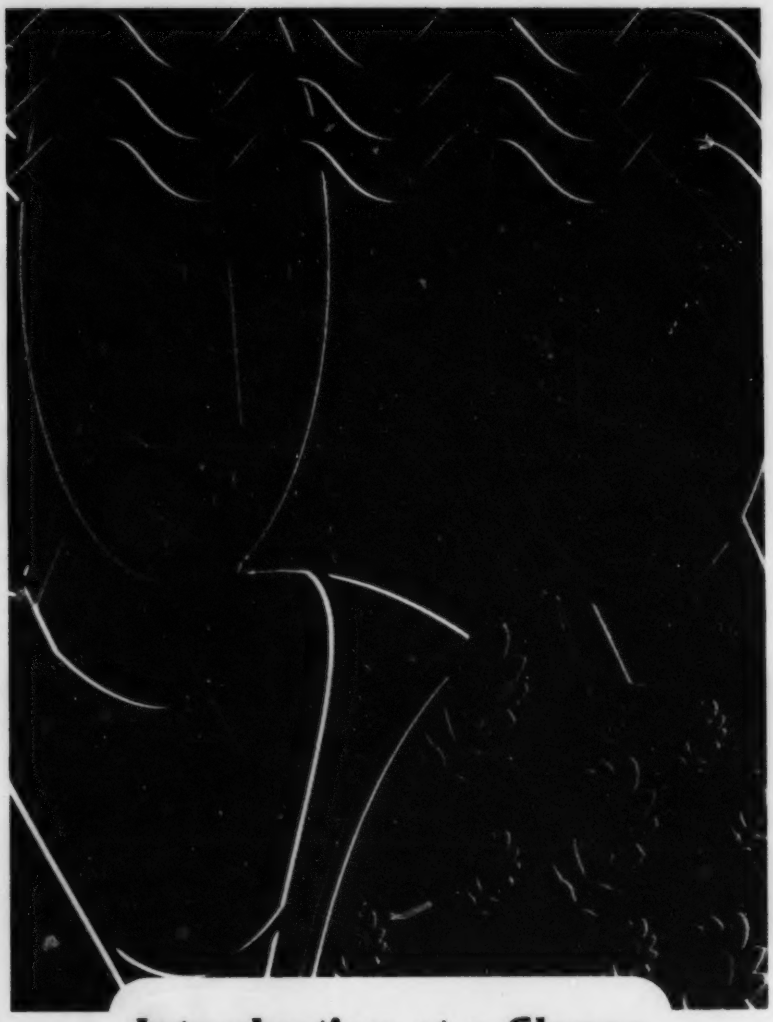
Talking Tools II — Putting Communication Skills to Work represents a major step in the work of the Professional Education Committee of the CBCI, and in the development of the field of communication training and education for practising physicians. *Talking Tools II* includes two core elements: a ***Resource Booklet***, which presents evidence of the benefits of good communication as well as a detailed discussion of a dozen specific communication skills and how they may be used; and a ***Course Book***, which provides all the information and materials needed to run two separate, three-hour courses, each focusing on different communication skill sets. By providing a "hands-on" learning experience for practising physicians, *Talking Tools II* builds on the awareness-raising focus of *Talking Tools I.*

It is important to note that the development of the *Talking Tools* resources reflects the goal of the Professional Education Strategy, which is to provide physicians with a variety of resources on communication skills and techniques. By working together, we can ensure that physicians across Canada have the communication tools they need to do their job.

Sincere thanks to all members of the Curriculum Working Group. Your recognition of the importance of physician-patient communication issues is reflected in the many hours devoted to developing and reviewing *Talking Tools II.* Special thanks to both Suzanne Inhaber and Dr. Jean Parboosingh of Health Canada for their commitment and hard work in support of this project. I would also like to thank Allium Consulting Group Inc. (Ottawa) for writing and designing *Talking Tools II.*

Dr. Michel Talbot
Chair, Curriculum Working Group
Professional Education Strategy
Canadian Breast Cancer Initiative

Introduction to Courses



Introduction at a Glance

About This Program

Preparing to Run the Courses

About This Program

How Talking Tools II Came About

The way health care is delivered is changing — for both patients and caregivers. Treatment options are more varied and complex, patients are better informed, and they expect to be active participants in decisions about their care. One of the vital components of this new approach is clear, efficient communication between physician and patient.

Talking Tools II — and its precursor, *Talking Tools I* — are products of the federally funded Canadian Breast Cancer Initiative. One of the key elements of this Initiative is the continuing education of physicians in the area of breast cancer. Educators, physicians and other caregivers who attended *Talking Tools I* asked for additional tools to help them further develop concrete, practical communication skills that reflect the challenges they meet in their practice.

Highlights of the Educational activities of the Canadian Breast Cancer Initiative

- completed comprehensive needs analysis
- hosted workshop in 1996 on "Communication in Breast Cancer — A Forum to Develop Strategies to Enhance Physician-Patient Interaction"
- developed course materials for physicians — Talking Tools I and II

What's in This Program?

Talking Tools II includes two complementary courses, both designed to enhance concrete skills and provide hands-on practice. **Course "A"** focuses on two important skill sets: **Drawing Out the Patient and Sharing Decision Making. Course "B"** focuses on the two skill sets of **Handling Emotions and Getting Effective Closure.** Both courses identify and explain some of the specific communication techniques that can help physicians achieve their clinical goals.

The courses are designed to be flexible. They provide guidelines on how to use various communication techniques, respecting the fact that participants will have much to offer to one another. So while the two courses in *Talking Tools II* include background material and group exercises for enhancing at least 12 different communication techniques, the kit is designed to support an interactive, collaborative learning environment that may lead to much more.

Drawing Out the Patient and Sharing Decision Making: Course Objectives

- to become familiar with the research concerning the clinical benefits of good communication skills
- to learn more about and practise three or four core techniques aimed at drawing out the patient, including active listening, using open and closed questions, checking with the patient, and following the patient's lead
- to learn more about and practise three or four techniques (as well as those above) aimed at encouraging patient participation in decision making, including clarifying responsibilities, action planning, and summarizing

You'll find everything you need to plan and run these courses:

- copies of the *Resource Booklet*, which provides essential background information on communication issues in general as well as specific communication techniques
- instructions for running each course
- "master" for overheads
- "course aids" to help you plan and deliver the course
- "master" for participant handouts

A vital element *not included* in this kit is the case study video, which is used for both *Talking Tools I* and *Talking Tools II*. Please refer to the inside cover for information on how to obtain the video.

Handling Emotions and Getting Effective Closure: Course Objectives

- to become familiar with and discuss the scientific evidence for the clinical benefits of good communication skills
- to learn more about and practise three or four techniques for handling emotions, including reading body language, using timing, showing empathy, and using silence effectively
- to learn more about and practise three or four techniques (as well as those above) for getting effective closure to the consultation, including checking with the patient, using open and closed questions, active listening, and summarizing

What are the Features of This Program?

The *Talking Tools II* Program includes several features designed to give it maximum flexibility and relevance:

- Though it contains two separate courses that deal with different aspects of the physician-patient consultation, the facilitator can adjust the sequence of activities and the specific techniques covered in each one.
- Each course is "learner-centred," relying primarily on discussion, practice and feedback among participants — in fact much of the contents of the course will evolve through these facilitated activities rather than through lectures.
- The courses encourage hands-on practice through the use of role play.

Each Course ...

- is designed for a maximum of 15 participants
- concentrates on skills for practising physicians
- lasts three hours, two of which are spent learning and practising specific communication techniques
- emphasizes discussion and shared learning
- involves role play and practice
- can be easily adjusted by facilitators to fit their own or the group's needs

Why a Program Like This?

- *Because these are professional skills that can be learned.* Every person starts to develop a unique set of communication skills from the beginning of their lives, and builds on these skills through attending school, learning to mix at social gatherings and working with others. But even the most sophisticated range of skills for communicating in social settings may prove inadequate for the often emotionally charged and difficult circumstances of a physician talking to a patient about a life-threatening illness. These encounters and, in fact, any physician-patient relationship require professional, clinical communication skills that have been learned, refined and practised. So the *Talking Tools II* Program concentrates on **professional communication skills and techniques** — skills that can be learned and refined, skills applicable specifically to the physician-patient relationship.
- *Because communication skills are complex and personal.* Good professional communication is not simply a case of trotting out a few learned techniques, but is made up of a complex and diverse range of inter-related behaviours. No single technique — whether it is reading non-verbal behaviour, active listening, or showing empathy — is used in isolation from the others. Techniques will be

subtly altered depending on the purpose of the consultation. Some individuals will be more proficient or comfortable using certain techniques over others. That is why the *Talking Tools II* resource is designed to be **flexible, so that it can be tailored to particular needs and capabilities** of the group or each individual in the group.

- *Because people learn best when they work together to solve real-life problems.* The suggested format and delivery methods for these courses ensure that participants are engaged in the discussions and encouraged to make the linkage to their own experiences. Most importantly, the courses provide an opportunity and structure for sharing among professionals. Each person attending the workshop will no doubt bring a wealth of experience and already well-developed skills. The participants in these courses will **benefit from the research and proven skills provided in the formal material for these courses, reap the rewards of their colleagues' experiences and observations, and have an opportunity to refine their current skills and even add to their repertoire.**

Who Should Attend?

The exercises in both courses focus on the physician-patient relationship, more specifically physician consultations with cancer patients. Of course, the consultation will differ, depending on whether the physician is a medical oncologist, radiation oncologist, general practitioner or surgeon. However, there is much that these often difficult consultations have in common — each demands that the physician use a diverse and complex set of communication skills to work effectively with the patient.

While the focus of the course is on consultations by physicians, other caregivers who find themselves in professional conversation with people suffering a serious illness may find these courses useful. With a little imagination and care in preparation, the facilitator can easily adapt the materials and exercises in these courses to meet the needs of a range of professional health care providers.

Who Should Facilitate?

The courses in this kit are learner-centred in that they involve discussion and exercises that require a great deal of participation from participants. The format works best when led by an experienced facilitator who is comfortable managing a group and "thinking on her/his feet." However, the material for each course is fairly detailed and is presented in a way that will guide facilitators with less experience.

In either case, people will naturally show more interest in taking the course and attend more closely if the leader of the workshop has credibility in the professional community and has a personal belief in the benefit of good communication. A physician with a particular interest in physician-patient communication is often a good resource in encouraging other physicians to make the investment in skills development. But course leaders do not have to come just from the physician community — the courses lend themselves well to "teamwork," i.e., co-facilitation by a physician paired with another health care worker or communications expert.

As a Facilitator, Make the Course Your Own

The best teachers and guides are those who "own" the material — they care about it and they draw on their own experiences to give it to others. That is why *Talking Tools II* offers a series of tools, information and suggestions that can be adapted by facilitators to fit their own experiences and the needs of the audience. So, before you run a course, make it your own.

Preparing to Run the Courses

Selecting Your Course

Talking Tools II provides the core material but, as a facilitator, you design your own course. Two sets of complementary skills are offered in each course. **Course "A"** concentrates on **Drawing Out the Patient and Sharing Decision Making**. **Course "B"** focuses on **Handling Emotions and Getting Effective Closure**. The courses can either be run consecutively or presented as stand-alone programs.

Various communication techniques are suggested for each skill set in each course. Some overlap among techniques is built into the two courses. Execution of the techniques will vary considerably, depending on their purpose and the input of participants.

In selecting and adapting your course, think about those who are attending the course and what their communication needs may be. You may wish to change the exercises, borrow material from one course for another, or add your own material to ensure the workshop is meaningful and relevant for a particular group. It is probably a good idea to be familiar with the material provided for both these courses before running either one — it will prepare you to respond to more of the concerns or communication techniques raised for discussion.

The Talking Tools II Courses at a Glance

Course A

"Drawing Out the Patient and Sharing Decision Making"

- active listening
- using open and closed questions
- checking with the patient
- following the patient's lead
- clarifying responsibilities
- action planning
- summarizing

Course B

"Handling Emotions and Getting Effective Closure"

- reading non-verbal cues
- using timing
- showing empathy
- using silence effectively
- checking with the patient
- using open and closed questions
- active listening
- summarizing

Getting People to Attend

Get the word out

Workshops may be poorly attended simply because people didn't know about them, or didn't know about them in time. Use all available means to let your colleagues know about the workshops and how they can sign up. Remember to give them ample time to make their plans. Post notices on staff bulletin boards, in staff rooms or anywhere prospective attendees might see them. Encourage advertisement by word-of-mouth. Send letters to your colleagues (a sample is provided). Make announcements at rounds or other professional meetings.

Enthusiasm is infectious

The enthusiasm and commitment of those who believe in improving communication skills is bound to affect others and stimulate interest. As a facilitator or course organizer, show your enthusiasm. Don't be shy — talk about the workshops and why you think they are important.

Ask enthusiasts to convince others

Enlist the help of others who are enthusiastic about your cause. Ask them to seize informal opportunities to talk to their colleagues about attending the workshops. Even better, if participants tell you they were pleased with the workshop, invite them to tell others about it.

Find a champion

The well-published support of a well respected member of the particular community you are inviting to your workshop can help generate interest and credibility. Ask a suitable champion to promote the importance of communication skills and encourage attendance at the workshops.

Make it easy for people to act

People may be interested, but find that it is too much trouble to get information, to sign up, to attend. When advertising your workshops, think about how you can ease the process. Include sign-up sheets with every notice of the workshop. Choose a time and place that are convenient for your particular audience.

Key Messages

In a personalized letter to colleagues or in posters advertising your workshop, you may find it beneficial to use any of the following messages.

- Have you ever found yourself wondering what your patient was going to do once you'd told them ...?
- Did you know that ...?
- Spend some time with your colleagues learning from one another's experiences.
- Get hands-on practice.
- You can't learn without trying ... here's a safe place to experiment with alternative communication skills and methods.

Preparing for the Course

People who know more about the course objectives and what they can expect, and have given some thought to what they want out of the course, make better participants — not to mention facilitators. The following pages include some tips and aids to help you prepare yourself and participants for the workshop. Incidentally, these will also help you to make a good first impression. In this section, you'll find the following materials:

- **Sample Welcome Letter** — to be sent to each person registered to attend, giving them an idea of what they can expect of the course, detailing all the administrative information they may need, and providing them with a pre-course reading assignment.
- **Case Study**. Each course focuses on a particular case study — situations that many physicians may have faced in their practice. The case study is designed to get participants thinking of communication issues and their relevance to clinical practice, and to encourage them to bring their own experiences to the workshop.
- **Getting Ready for the Course** includes a reminder about the equipment and supplies you will need and offers a few suggestions for setting up a classroom to ensure that participants are comfortable and relaxed.
- **A Few Reminders for Facilitators** offers a few tips and tricks for facilitators to help them prepare for the course.

Course A and B

Sample Welcome Letter

Dear _____:

I am very pleased that you have decided to attend our workshop (*"Drawing Out the Patient and Sharing Decision Making"* OR *"Handling Emotions and Getting Effective Closure"*). We can look forward to an energetic and rewarding morning (*or afternoon*). We are expecting a good turn-out and most participants, like you, are *oncologists* (or other specialty) working in our region (*include, if you know, a brief description of other workshop participants to prepare the reader of your letter for the workshop and engage his or her interest in attending*).

This course focuses on the development and practice of concrete communication skills designed to help improve clinical outcomes in patient-physician consultation. The workshop offers hands-on practice, and encourages participants to compare experiences, share insights and learn from one another. More specifically, we will be:

- discussing what the scientific evidence tells us about the clinical benefits of good communication skills
- learning more about, and using, six to eight core communication techniques

We will be guided in our discussions by (*name of facilitator*) OR I will be facilitating the course and am looking forward to seeing you there. The workshop, which lasts three hours, will take place on (*day and date*) from (*start time*) to (*end time*). The workshop will be held at (*address, room number*). (*Include also in this paragraph other administrative details as appropriate such as where to park, whether lunch/breakfast will be provided, reimbursement of expenses, etc.*)

I would ask that you do a little reading and thinking about your own experiences before coming to the workshop, since we will be opening the course by discussing a case study and sharing any similar experiences we've had ourselves. You'll find the case study and issues for discussion attached. Thank you for taking the time to prepare for the workshop by reading through the material and jotting down any comments or professional memories the case study provokes. If you have attended the *Talking Tools I* workshop, you will be familiar with the case study and even better equipped to relate it to your own experiences.

If you have any questions about the workshop, please do not hesitate to call (*contact person*). I am sure that this course will be time worth investing! I am looking forward to seeing you there.

Course A

Case Study for Drawing Out the Patient and Sharing Decision Making

The patient, Mrs. Wilson, is a 55-year-old widow, who presents with a palpable lump in her breast. Though the patient is not entirely certain, she claims the lump has been there about two months. There is no swelling, discharge, discoloration or pain.

In talking with her physician, Mrs. Wilson is somewhat reticent, saying that she is sure the lump is not very important, telling her physician "but I just thought I would come in and let you check it." After the examination, her physician informs her that the lump is quite large and will require a biopsy very quickly. She is clearly distressed, saying that she did not come for a biopsy but to have the lump checked and begins to leave, thanking her doctor for seeing her.

Her physician is able to prevent Mrs. Wilson from walking out the door and in the ensuing conversation learns that she has already lost a sister to cancer, who "had all the treatment and on and on and on — and she still died." When prompted to talk more about this, she refuses. Mrs. Wilson lives alone and is "on her own now." She is tearful and frightened, not seeming able to absorb much information.

To prepare for the group discussion, please read the case study and jot down your comments or thoughts on the following points.

What do you think needs to be achieved to ensure that Mrs. Wilson receives appropriate medical care? In other words, what are the *clinical* issues in this case?

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What do you think needs to be achieved to ensure that the physician understands Mrs. Wilson's concerns and that Mrs. Wilson can share in decision making? In other words, what are the *communication* issues in this case?

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Have you experienced consultations that deal with similar issues — clinical or communication — and how did you handle them?

What would you like to get out of this workshop?

Course B

Case Study for Handling Emotions and Getting Effective Closure

The patient, Mrs. Wilson, a 55-year-old widow, presented with a palpable lump in her breast. A biopsy has confirmed the presence of cancer.

During the first consultation with Mrs. Wilson, her physician has noted that Mrs. Wilson is somewhat reticent in talking. She lives alone and has no family or close friends living in the area. When told the lump would require a biopsy, Mrs. Wilson was clearly frightened and in fact almost walked out the door, wanting to ignore the potential seriousness of the condition. During their conversation, her physician learned that Mrs. Wilson has lost a sister to cancer, who "had all the treatment and on and on and on — and she still died."

Having already had the biopsy and been advised that the lump is cancerous, Mrs. Wilson has returned to discuss treatment options. She arrives with a book on alternative treatments for cancer, and before her physician can do more than say hello, she announces that she has decided to pursue some of these "herbal cures." She watched her sister suffer through "the mutilating surgery, all the horrible chemotherapy and radiation and none of it did any good at all." She says she has an appointment next week with a homeopath that a neighbour told her about. She's read this little book and has decided she wants to try the homeopathic treatment described, which involves taking vitamins and herbs, which she can get at the health food store near her house. She thanks her physician for the care she has received so far, and gets up to leave.

To prepare for the group discussion, please read the case study and jot down your comments or thoughts on the following points.

What do you think needs to be achieved to ensure that Mrs. Wilson receives appropriate medical care? In other words, what are the *clinical* issues in this case?

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What do you think needs to be achieved to ensure that the physician handles Mrs. Wilson's emotions effectively and gets effective closure to this consultation? In other words, what are the *communication* issues in this case?

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Have you experienced consultations that dealt with similar issues — clinical or communication — and how did you handle them?

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What would you like to get out of this workshop?

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Getting Ready for the Course

Get equipment and supplies

- a room with ample space to seat 15 people comfortably, set up so participants can work in groups (suggested maximum number in each group is five, minimum number is three)
- VCR and television
- overhead projector
- a flipchart and markers for you
- masters for overheads — to be copied onto acetates
- masking tape
- a flipchart and markers for each group
- a tent card for each participant's name
- a pen and paper for each participant
- a copy of *Talking Tools II: Resource Booklet* for each participant
- copies of course evaluation form

Prepare the classroom

- put a welcome sign at the door, with the name of the workshop
- display your name somewhere (on flipchart, welcome sign, or blackboard)
- if at all possible, provide water for participants
- post a "map" of the workshop objectives and activities on the wall so it can be referred to throughout the day by you or the participants
- post the "brainstorm" flipchart on the wall before people arrive — it will pique their curiosity and you don't have to worry about forgetting to put it up later!
- make sure the equipment works!
- do what you can to make sure each person in the room will be physically comfortable throughout the workshop. Is there enough room? Is the temperature of the room appropriate?

A Few Reminders for Facilitators

Know your material

The better you know your material — and make it your own — the more comfortable you will be. Review the material carefully before each course, trying to anticipate how the people coming to your workshop will react. Consider it in the light of your own experience and knowledge. A little time invested up front will increase your confidence and your performance.

Keep everyone oriented

People feel most comfortable participating — and learn best — when they know where they are going. Your job as a facilitator and teacher means guiding others. Give participants a "map" at the very beginning of the workshop by outlining the course objectives and sequence of activities. Keep them oriented throughout the day by telling them what's been accomplished, where you are now, and where you're going.

Help everyone stay comfortable and confident

Make sure that everyone is physically comfortable — respect people's need for stretch breaks, a little free time out of the "classroom," and ample room to work while in the classroom. Help people feel safe and secure in raising issues, discussing points, or offering suggestions:

- Thank individuals for their contributions.
- Give the group time to think before asking for comments.
- Be clear when you are shifting the topic or activity.
- Try to draw out quieter members of the group with open-ended questions.

Use questions to guide others

Questions can be used in a variety of ways by a facilitator to guide the flow of discussion and enliven sessions. Try using questions deliberately to:

- Summarize and mark the transition to another activity ("Okay, what did we learn from our discussions?").
- Set the scene and get participants' attention for a new discussion or exercise ("Have any of you been in a situation where ...?").
- Encouraging group interaction by re-directing a question directed to you ("Does anyone have any suggestions for Jane?").
- Make linkages between different sessions in the workshop ("Didn't we hear something about this skill in our discussions about the evidence?")

Always have an answer ready for the questions you ask

If no one in the group has a response to a question, consider offering an idea or two of your own to get the group started, but give them a few seconds to think and respond.

Summarize key points often

People need repetition to learn and develop skills. As participants in the discussion, they will sometimes miss points being made by others because they are thinking about what they want to say themselves. Offer the people in your workshop frequent summaries of the discussion, and use a flipchart or blackboard to record ideas as they are discussed.

Have fun

Leave room in your workshop for humour — your own and others!

Course A

Drawing Out the Patient and Sharing Decision Making

Course A at a Glance

Session 1:	Welcome	20 minutes
Session 2:	The Evidence for Investing in Communication	20 minutes
Session 3:	Drawing Out the Patient	60 minutes
Session 4:	Sharing Decision Making	60 minutes
Session 5:	Wrap-Up	20 minutes

Session 1 Welcome

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  - — to "break the ice" and give participants an opportunity to get acquainted
  - — to provide participants with an overview of the purpose and agenda for the course
  - — to introduce the issue of the interdependence between communication and clinical decision making
- **Approach:** lecture, case study review, round table discussion
- **Equipment/supplies:** video, VCR, television, overheads and projector, course aids

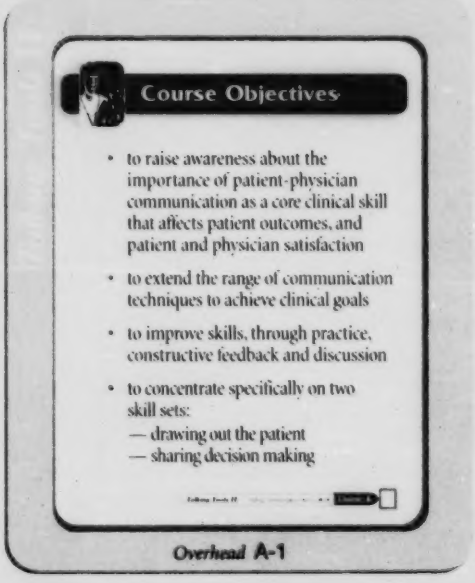
Lecture: *Introductions and Course Overview*

Timing:
- 5 minutes

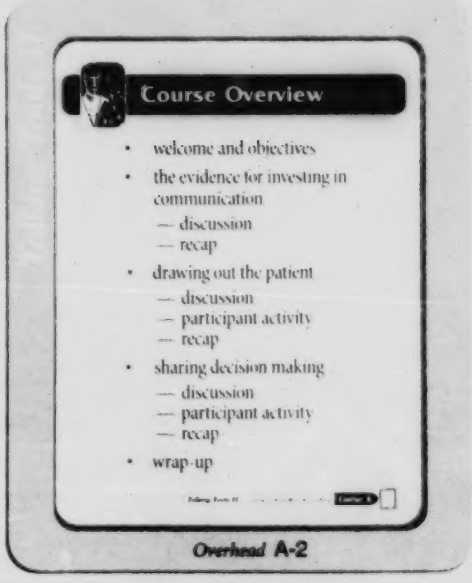
Objectives:
- to provide participants with a brief overview of the course

Process:
- introduce yourself and briefly describe your role (i.e., colleague-participant or facilitator)
- review administrative details — for example, the location of washrooms, availability of coffee and other refreshments
- using the overhead as an aid, give an overview of the course, including its objectives and the sequencing of major activities (*Note: Overhead A-2 is very general. Put your own stamp on the course by tailoring your speaking notes to tell participants what the course will cover, timing of each element, etc.*)

Materials:
- Overheads A-1, A-2


Course Objectives
• to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
• to extend the range of communication techniques to achieve clinical goals
• to improve skills, through practice, constructive feedback and discussion
• to concentrate specifically on two skill sets:
— drawing out the patient
— sharing decision making

Overhead **A-1**



Overhead **A-2**

Session 1 Welcome

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  - — to "break the ice" and give participants an opportunity to get acquainted
  - — to provide participants with an overview of the purpose and agenda for the course
  - — to introduce the issue of the interdependence between communication and clinical decision making
- **Approach:** lecture, case study review, round table discussion
- **Equipment/supplies:** video, VCR, television, overheads and projector, course aids

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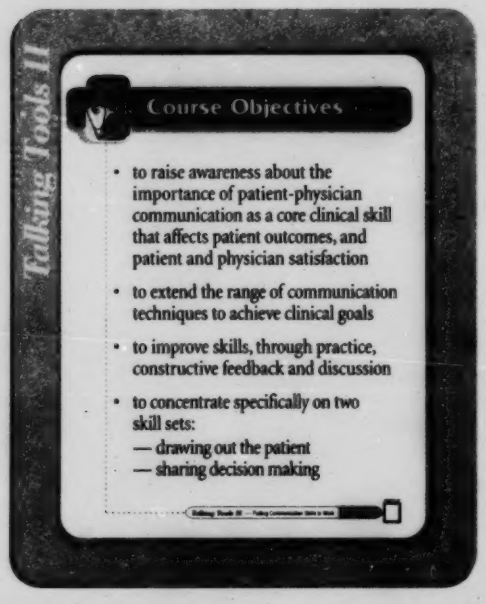
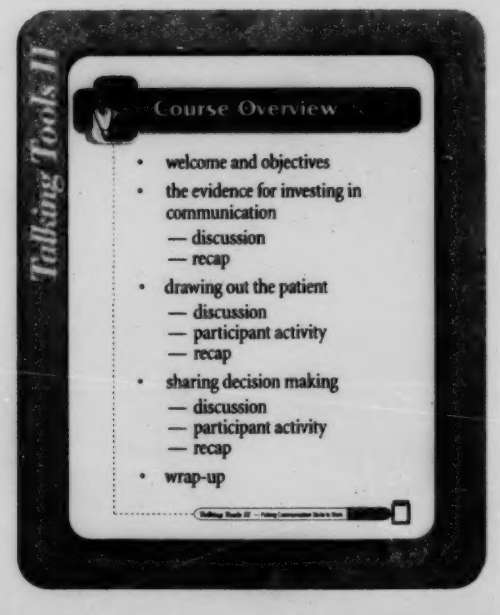
Materials:
- Overheads A-1, A-2


Talking Tools II
Course Objectives
• to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
• to extend the range of communication techniques to achieve clinical goals
• to improve skills, through practice, constructive feedback and discussion
• to concentrate specifically on two skill sets:
— drawing out the patient
— sharing decision making



Case Study Review and Discussion: *Mrs. Wilson's Breast Lump Video*

Timing:
- 15 minutes

Objectives:
- to get participants interacting and relating the importance of good communication to their own practices

Process:
- explain that the upcoming video is an enactment of the case they've read about
- play video to the point just before the interview is salvaged
- go around the group and ask participants to introduce themselves and to identify an issue (either clinical or communication) that emerges from the case study
- record the issues on a flipchart under two columns — clinical and communication — and post it on the wall so that you and participants can refer to them throughout the course
- help people to see the link between clinical and communication issues by asking the group to connect the issues between the columns.
- briefly summarize the discussion, concluding with the suggestion that — in a substantial number of consultations — moving forward clinically depends on the ability of the physician to communicate effectively

Prompt Questions for Discussion

- What did Mrs. Wilson want when she came to see her physician?
- What clues did she give about what she wanted — both verbal and non-verbal?
- How do you think her physician handled the interview from a communication perspective?
- What approaches did he use?
- How do you think things are going? Do you think the interview is heading for a positive outcome?
- Has anyone faced a similar situation and what were the issues then?

Session 2 The Evidence for Investing in Communication

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:** to make participants aware — from their own experiences and from the research — that good physician-patient communication can help achieve better patient outcomes, increase physician and patient satisfaction, and enhance overall efficiency
- **Approach:** group discussion, lecturette
- **Equipment/supplies:** flipchart and markers, overheads and projector, course aids

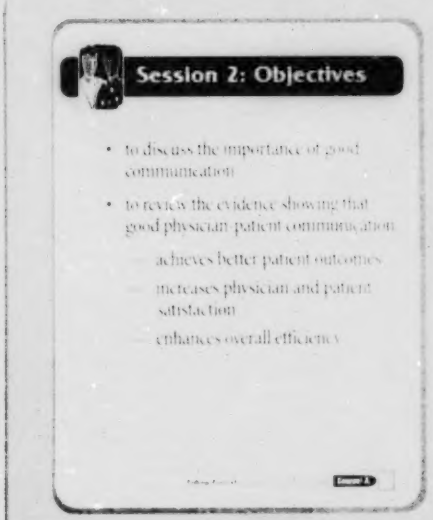
Guided Discussion: *Why is Good Communication Important to Us as Clinicians? What are the Benefits and Challenges?*

Timing:
- 15 minutes

Objectives:
- to encourage participants to see from their own experiences and from the evidence that effective communication does make a difference
- to demonstrate the interdependence between making clinical decisions, implementing the guidelines on breast cancer treatment and care, and using good communication skills

Process:
- introduce the session's purpose and methods, and the discussion topic
- open the discussion, encouraging participants to share personal experiences in order to illustrate their points
- list key points on a flipchart as they are made
- identify research/evidence that supports/ refutes discussion points
- draw on the discussion to underscore the linkages between clinical decision making, the breast cancer guidelines, and effective physician-patient communication

Materials:
- Overhead A-3


Session 2: Objectives
• to discuss the importance of good communication
• to review the evidence showing that good physician-patient communication
— achieves better patient outcomes
— increases physician and patient satisfaction
— enhances overall efficiency

Overhead **A-3**

Session 2: The Evidence for Investing in Communication

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:** to make participants aware — from their own experiences and from the research — that good physician-patient communication can help achieve better patient outcomes, increase physician and patient satisfaction, and enhance overall efficiency
- **Approach:** group discussion, lecturette
- **Equipment/supplies:** flipchart and markers, overheads and projector, course aids

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- 15 minutes

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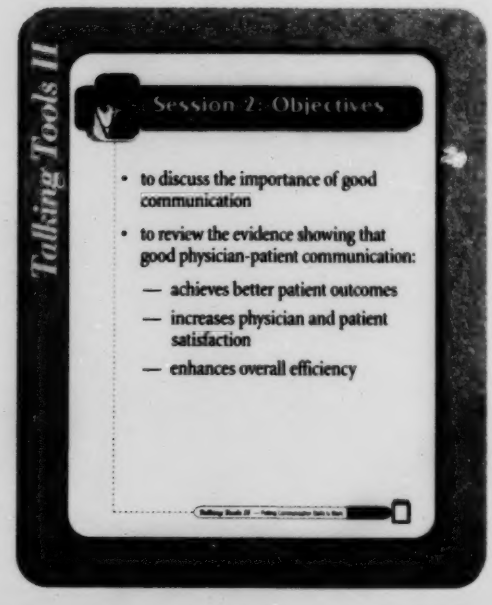
Materials
- Overhead A-3


Talking Tools II
Session 2: Objectives
• to discuss the importance of good communication
• to review the evidence showing that good physician-patient communication:
— achieves better patient outcomes
— increases physician and patient satisfaction
— enhances overall efficiency

Prompt Questions for Discussion

- Did you ever feel like you spent a lot of time with a patient and just didn't get anywhere with her/him?
- Did a patient ever walk out on you before you had covered your agenda? Did communication style have anything to do with it?
- Have you ever used your communication skills to "turn around" what might have been a disastrous interview?
- Did you ever get "blind sided" by information about the patient you didn't know?
- Have you ever found out, long after you should have, that your patient wasn't adhering to treatment?
- Have you ever probed for information about a patient's life circumstances and found that there were issues that had a direct bearing on diagnosis and treatment?
- Have you ever felt uncomfortable/frustrated because you don't know how to deal with patients' emotions?

Clinical Practice Guidelines for the Care and Treatment of Breast Cancer

There is considerable variation in how patients with breast cancer are treated across Canada. In November 1993, the National Forum on Breast Cancer identified a need for a better definition of the limits within which treatment should vary. The Guidelines are an attempt to address this need. They are intended for physicians who advise and care for women with breast cancer. (Supplement to Canadian Medical Association Journal (CMAJ), 1998; 158 (3 Suppl.), Health Canada and Canadian Medical Association.)

Summarizing Lecturette

Objectives:

- to highlight the main points identified in the group discussion and expand on supporting evidence
- to reinforce the message that communication is a professional, clinical and essential skill

Timing:

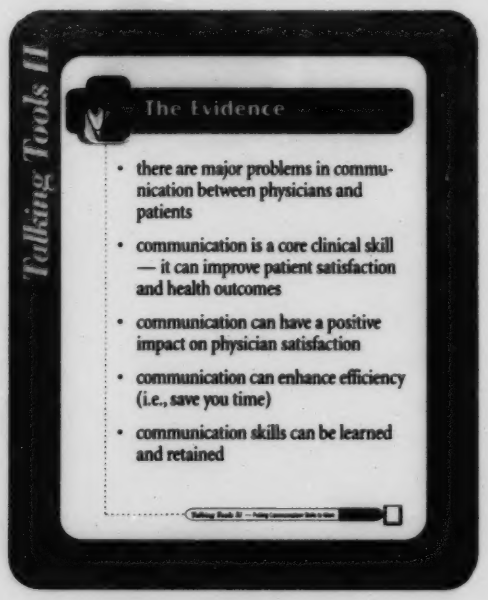
- 5 minutes

Process:

- review key points raised in discussion and identify other communication issues that were not raised
- summarize research supporting the role of effective communication in physician-patient interaction
- emphasize that communication is an essential tool that assists physicians in understanding individual patient circumstances and patient preferences
- note that traditional approaches to evidence-based medicine describe research evidence according to two levels of significance: statistical and clinical. However, this does not take into account the interaction between doctor and patient during a one-to-one consultation. "Personal significance" adds a further dimension that considers the contribution made by an individual practitioner (and his/her training, experience, values, etc.) and the patient (and his/her individual history, beliefs and attitudes).
- recap that:
  - — communication is a core clinical skill
  - — communication is an essential tool in all clinical decision making
  - — communication plays a vital role in implementing the clinical guidelines on the care and treatment of breast cancer
- refer participants to *Talking Tools II: Resource Booklet*, Section 1, page 1, The Evidence, for an overview of research

Materials:

- Overhead A-4


Talking Tools II
The Evidence
• there are major problems in communication between physicians and patients
• communication is a core clinical skill — it can improve patient satisfaction and health outcomes
• communication can have a positive impact on physician satisfaction
• communication can enhance efficiency (i.e., save you time)
• communication skills can be learned and retained

What Evidence Tells Us About Communication

Yes, there is a problem

- More than 54% of all patient complaints and 45% of patient concerns are not elicited by physicians.
- In 50% of visits, patient and physician do not agree on the nature of the problem.
- On average, physicians interrupt patients 18 seconds into the patient's description of the problem; and once interrupted, patients are unlikely to raise additional concerns.
- Most malpractice suits are due to communication errors, not competency errors — patients whose autonomy and means of expression are severely limited by the demands of time and a physician-directed, narrowly focused interviewing style are less satisfied and more likely to bring suit.
- Patients' most common complaint is lack of information from their physicians and 83% of people believe in patients' right to information.

Communication can improve patient outcomes

- Randomized, controlled trials demonstrate that patients with diabetes, hypertension and ulcer disease who are trained to be more assertive in physician interviews have significant reductions in glycosolated hemoglobin, blood pressure and in functional limitations from ulcer disease.
- Patients' perceptions that they had been listened to fully and completely by the physician were the single variable most highly associated with relief of chronic headache symptoms.
- Interviewing style in assessing and educating patients about compliance affects the accuracy of information and the potential for miscommunication — and therefore noncompliance.
- The style of delivering news to patients may determine the acceptability of a diagnosis or recommendation.
- 16 of 21 studies of health outcomes and specific communication behaviours showed positive, significant relationships between communication and patient health outcomes.

Communication affects patient satisfaction

- A patient-centred interviewing style has a strong positive effect on patient satisfaction.
- Communication skills such as meeting expectations, giving information, and talking about distressing problems are related to patient satisfaction.
- Including certain communication behaviours (education, stress counselling, negotiation) during visits with primary care patients predicted patient satisfaction whereas technical interventions (examination, tests, medications) did not.

Communication affects physician satisfaction

- Communication skills of meeting expectations, giving information and talking about distressing problems are related to physician satisfaction.
- Physicians' overall satisfaction was most closely related to the patient-physician relationship.

It doesn't take any longer

- Physicians who are sensitive to and explore patients' emotional concerns take a mean of one minute longer to complete visits than physicians who do not.
- There was no increase in the length of the interview in primary care following training in the skills of "problem-defining and emotion-handling."
- Physicians who used more appropriate communication skills and involved their patients more actively in their own care did not have longer interviews than their colleagues.

Communication skills can be taught, learned and retained

- Medical students who learned key interviewing skills were diagnostically more efficient and effective in interviewing patients.
- Training internal medical residents and staff physicians to use more appropriate interviewing skills led to significant improvements in the information-gathering process.
- An eight-hour communication course in CME improved primary care physicians' detection and management of psychosocial problems and reduced patients' emotional distress.
- Improvement in the interviewing skills of established general practitioners following an interview training course was maintained over a two-year period.
- Practice and feedback are essential to actually learning the skills; feedback may come from "inside" (e.g., critical review) or "outside" (e.g., patient feedback).

Session 3 Drawing Out the Patient

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to increase participants' awareness about the importance of drawing out the patient
  - — to increase participants' awareness/knowledge of *Clinical Practice Guidelines*
  - — to give participants the opportunity to practise several communication techniques aimed at drawing out the patient — the suggested techniques are:
    - active listening
    - open and closed questions
    - checking with the patient
    - following the patient's lead
- **Approach:** facilitated discussion, triad role play
- **Equipment/supplies:** flipchart and markers, paper and pens, overheads and projector, course aids, participant handouts

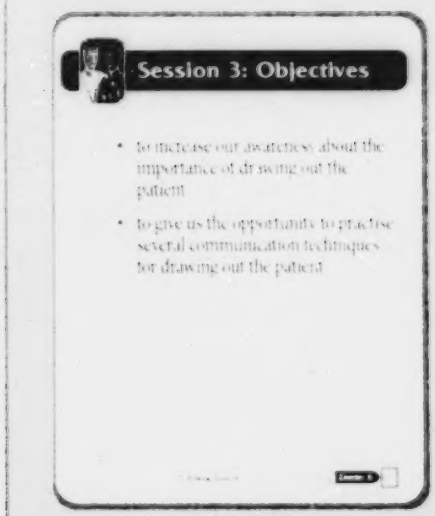
Lecturette: *Introduction*

Timing:
- 5 minutes

Objectives:
- to orient participants about what to expect during the session
- to heighten awareness about the importance of drawing the patient out

Process:
- review the objectives for the session
- ask participants why drawing the patient out is important and guide the discussion, pointing to the evidence at every opportunity
- post a plain language flipchart on the wall for participants to fill out throughout the course: one column with the heading "What doctors say," the second column with the heading "What patients understand"

Materials:
- Overhead A-5


Session 3: Objectives
• to increase our awareness about the importance of drawing out the patient
• to give us the opportunity to practise several communication techniques for drawing out the patient

Overhead **A-5**

Session 3 Drawing Out the Patient

The Session at a Glance

- **Timing: 60 minutes**
- **Objectives:**
  - **— to increase participants' awareness about the importance of drawing out the patient**
  - **— to increase participants' awareness/knowledge of *Clinical Practice Guidelines***
  - **— to give participants the opportunity to practise several communication techniques aimed at drawing out the patient — the suggested techniques are:**
    - **active listening**
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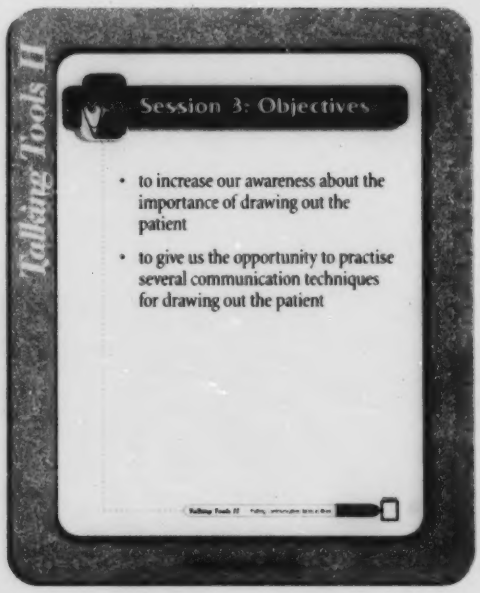

Talking Tools II
Session 3: Objectives
• to increase our awareness about the importance of drawing out the patient
• to give us the opportunity to practise several communication techniques for drawing out the patient

Course Aid

The Importance of Drawing Out the Patient

- There is often a gap between "the logic of clinical decision making" and the patient's experience of an illness.
- To be effective, the physician's agenda must take into account both the disease (physician's agenda) and illness (patient's agenda).
- The first concern mentioned by a patient isn't necessarily the one that the patient considers most important.
- The process involves establishing the patient's feelings, ideas, role and expectations, and considering the patient's personal and cultural context.

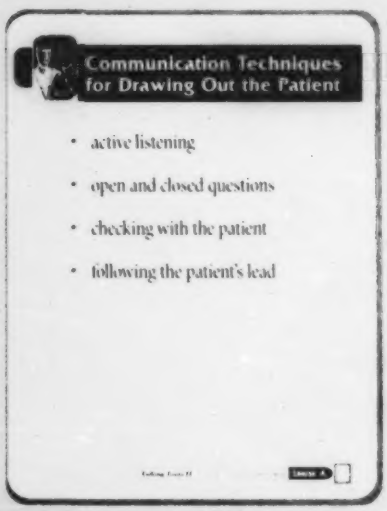
Buzz Groups: *Techniques for Drawing Out the Patient*

Timing:
- 20 minutes

Objectives:
- to draw on participants' collective experience and knowledge about the use of specific communication techniques for drawing the patient out

Process:
- ask participants to arrange themselves into groups of three or four
- distribute Handout A-1
- assign each group a specific technique from the list (NOTE: the techniques are suggestions only; group members may identify other techniques they want to focus on)
- explain that their task is to develop a two to three minute presentation on why and how to use that technique to draw the patient out
- remind each group to assign a notetaker/spokesperson early on
- circulate among the groups, providing assistance as required — some groups may need a "kick start" to get the discussion moving or a new idea if discussion seems to be flagging

Materials:
- Overhead A-6, Participant Handout A-1


Communication Techniques for Drawing Out the Patient
• active listening
• open and closed questions
• checking with the patient
• following the patient's lead

Overhead **A-6**

Buzz Group Definitions

Active listening is the sincere attempt to understand — and confirm — what is being communicated.

Open questions do not limit the response. They suggest that elaboration is both appropriate and welcome.

Closed questions limit the response to a narrow field — usually a "yes" or "no."

Checking with the patient involves determining if your assumptions/understanding of a situation is correct. It involves repeating/paraphrasing your understanding and asking for the patient's corroboration.

Following the patient's lead involves allowing the patient to lead the interview and probing for more information as issues arise.

Handout **A-1**

The Importance of Drawing Out the Patient

- There is often a gap between "the logic of clinical decision making" and the patient's experience of an illness.
- To be effective, the physician's agenda must take into account both the disease (physician's agenda) and illness (patient's agenda).
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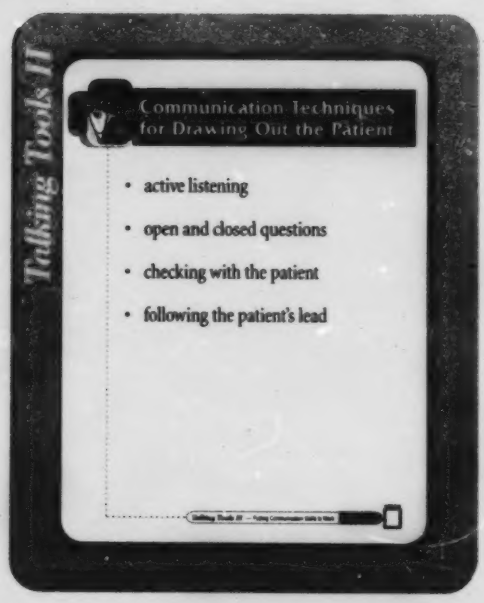
Materials:
- Overhead A-6, Participant Handout A-1


Talking Tools II
Communication Techniques for Drawing Out the Patient
• active listening
• open and closed questions
• checking with the patient
• following the patient's lead

Handout **A-1**

Questions to Prompt Buzz Groups

- Can you improve on the definition provided?
- When have you used this technique to your advantage?
- Can you think of some circumstances when using this technique would be inappropriate?
- Can you give some examples of behaviours/phrases that illustrate this technique?
- How important is this technique for drawing out the patient?
- Are there any other communication techniques you can think of that might be useful in drawing out the patient?

Plenary Discussion: *Sharing the Wealth*

Timing:
- 20 minutes

Objectives:
- to share information/experiences about the importance of drawing out the patient

Process:
- ask each group to give its presentation
- invite members of other groups to comment after each presentation and/or make comments yourself
- briefly point out any evidence supporting the use of a particular technique

The "How To" of Active Listening

Active listening is not just "sitting and doing nothing." It is the sincere attempt to understand and confirm what is being communicated.

- Be prepared to listen (don't rush the patient).
- Listen to verbal and non-verbal cues (body language).
- Listen in an understanding and supportive way, for example:
  - — verbal facilitation: "um," "yes," "go on," "ah ha"
  - — non-verbal facilitation: position, posture, eye contact, affect, facial expression, animation
  - — pause before asking follow-up questions
- Respect the sender.
- Clarify the sender's message ("What I hear you saying is ... Is that right?").

The "How To" of Open and Closed Questions

Open questions invite an expanded answer. Closed questions invite a short answer, usually "yes" or "no," or a single word or two.

- Use different questioning techniques to encourage patients to go into more depth with their answers.
- Begin the interview with open questions (to get a picture of the problem from the patient's perspective); if necessary, focus the questioning by using specific but still open questions; and then use closed questions to obtain final details the patient may have omitted. For example:
  - **Open questions** to introduce an area of inquiry without limiting the response — "Can you tell me about any pain you're feeling?" "Tell me more about that pain you've been feeling."
  - **More specific but still open questions** sharpen the focus, but still allow the patient some leeway in answering — "What makes the pain worse or better?"
  - **Closed questions** limit the response to a narrow field set by the questioner — "Are you feeling any pain in your left arm?" "Have you been taking your medication?"

The "How To" of Checking with the Patient

Checking with the patient involves asking questions at key stages to determine whether her/his message has been received correctly — whether you are both "on the same wavelength."

- Don't assume you know what the patient wants or is saying.
- Take into account emotion, cultural background and education, which can sometimes affect how forthcoming a patient is.
- Use specific questions to feed back what you think you understand, for example:
  - "What I hear you saying is ... Is that correct?"
  - "You seem to be saying ... Do I have it right?"
  - "If I understand you correctly, ... Do you agree?"

The "How To" of Following the Patient's Lead

The skill of following the leader involves allowing the patient to lead the interview, and probing for more information as issues arise.

- Use silence constructively — don't jump in too soon; let the patient have room to lead.
- Be patient — follow the leader is a difficult technique to use if you're used to controlling the interview.
- Use open questions to prompt the patient to raise issues. For example:

Patient: "I'm having some pain in my right leg."

Physician: "I see. Can you tell me a little more about the pain?"

Patient: "Well, it's not there all the time, it sort of comes and goes."

Physician: "Can you be more specific about when it's worse or better?"

Patient: "I can't really say, but that's not what I'm most worried about, anyway."

Physician: "Really? Can you tell me about your main concern?"

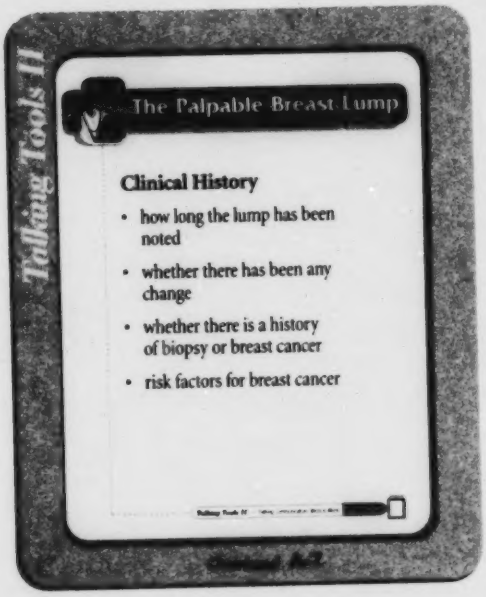
Role Play: *Re-enacting the "Mrs. Wilson Consultation"*

Timing
- 10 minutes

Objectives
- to give participants an opportunity to practise specific communication skills aimed at drawing out the patient

Process
- invite two volunteers to play the role of the physician and Mrs. Wilson in front of the group (you may volunteer as the physician if the group is reluctant)
- review the history-taking requirements in Guideline #1 in the *Clinical Practice Guidelines* (i.e., how long the lump has been noted, whether any change has been observed and whether there is a history of biopsy or breast cancer. Risk factors for breast cancer should be noted, but they should not influence the decision to investigate further.)
- ask the volunteer physician to use the techniques discussed earlier to try and draw out Mrs. Wilson and get her to talk about her concerns — ensure that the "physician" collects all the relevant information suggested in Guideline #1
- once the role play is finished, ask each volunteer to describe how he/she felt during the mock consultation
- invite comments from the plenary on what worked and what didn't seem to work during the mock interview
- ask participants if the physician was able to obtain all of the information for a clinical history-taking suggested in Guideline #1 of the *Clinical Practice Guidelines*

Materials
- Overhead A-7


Talking Tools II
The Palpable Breast Lump
Clinical History
• how long the lump has been noted
• whether there has been any change
• whether there is a history of biopsy or breast cancer
• risk factors for breast cancer

Wrap Up: What Did We Learn?

Timing:
- 5 minutes

Process:
- congratulate and thank participants for their input
- summarize by stating that the research demonstrates that eliciting the full range of relevant information from a patient is a vital tool in helping physicians to:
  - — make a more accurate diagnosis
  - — develop more appropriate treatment plans
  - — enlist the patient's cooperation in the treatment effort
- point out that skills such as active listening, open and closed questioning techniques, checking with the patient, and following the patient's lead can be used as aids to accomplish this goal

Session 4 Sharing Decision Making

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to demonstrate the importance of shared decision making to clinical outcomes
  - — to give participants the opportunity to identify and practise the communication techniques covered so far, as well as three new techniques designed to encourage patients to share the decision-making role. The new techniques are:
    - clarifying responsibilities
    - action planning
    - summarizing
- **Approach:** lecturette, video, plenary discussion, triad role play
- **Equipment/supplies:** flipchart and markers, overheads and projector, video, VCR and television, participant handouts

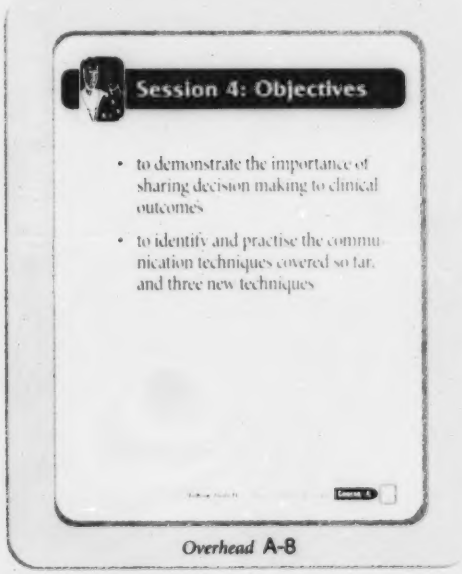
Lecturette: *Introduction*

Timing:
- 5 minutes

Objectives:
- to orient participants about what to expect during the session
- to heighten awareness about the importance of sharing decision making
- to link sharing decision making to clinical guidelines

Process:
- review session objectives
- define sharing decision making and briefly review why it is important to clinical outcomes

Materials:
- Overhead A-8


Session 4: Objectives
• to demonstrate the importance of sharing decision making to clinical outcomes
• to identify and practise the communication techniques covered so far, and three new techniques

Overhead A-8

Session 4 Sharing Decision Making

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to demonstrate the importance of shared decision making to clinical outcomes
  - — to give participants the opportunity to identify and practise the communication techniques covered so far, as well as three new techniques designed to encourage patients to share the decision-making role. The new techniques are:
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- **Approach:** lecturette, video, plenary discussion, triad role play
- **Equipment/supplies:** flipchart and markers, overheads and projector, video, VCR and television, participant handouts

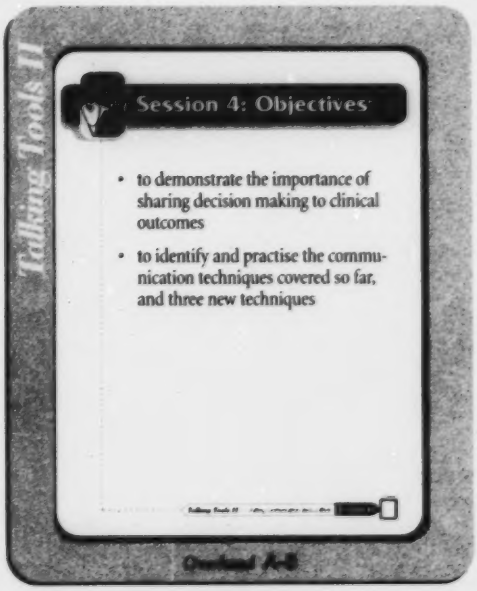
Lecturette: *Introduction*

Timing:
- 5 minutes

Objectives:
- to orient participants about what to expect during the session
- to heighten awareness about the importance of sharing decision making
- to link sharing decision making to clinical guidelines

Process:
- review session objectives
- define sharing decision making and briefly review why it is important to clinical outcomes

Materials:
- Overhead A-8


Talking Tools II
Session 4: Objectives
• to demonstrate the importance of sharing decision making to clinical outcomes
• to identify and practise the communication techniques covered so far, and three new techniques
Overhead A-8

The Importance of Sharing Decision Making

- substantially increases the patient's commitment to treatment plans
- more and more researchers, educators and patient groups are advocating negotiation and collaboration between physicians and patients to address the issue of noncompliance
- patients vary considerably in the extent that they want to participate — some are more comfortable leaving decisions to their doctors; others want to be full partners — and their desire to participate may vary from one time to the next
- negotiating a mutual plan of action involves presenting information about and discussing various options; obtaining the patient's views regarding benefits and barriers; accepting the patient's views and advocating an alternate strategy, as necessary; ensuring the patient's understanding and acceptance of the plan
- *Clinical Practice Guideline #1* recognizes the importance of "full and sympathetic explanations at every step, with time for and encouragement of questions"

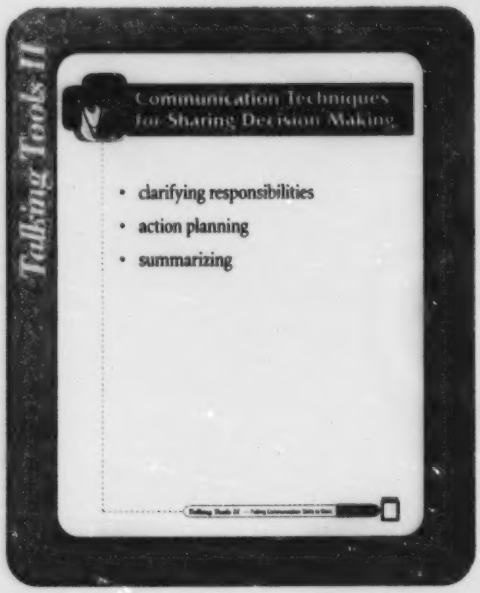
Plenary Discussion: *Communication Techniques for Sharing Decision Making*

Timing:
- 25 minutes

Objectives:
- to identify and discuss communication techniques that assist in the process of sharing decision making

Process:
- using a flipchart to record the issues raised, facilitate a discussion on each of the following techniques, inviting participants to define them and to develop a "how to" for putting the techniques into practice
  - — clarifying responsibilities
  - — action planning
  - — summarizing
- incorporate new techniques into the discussion, when and if they are raised by participants
- refer to the plain language posters on the wall and remind participants about the benefits of plain language in sharing decision making — patients must know what they are dealing with in order to participate effectively
- play the remainder of the video, inviting discussion about the following:
  - — was this shared decision making?
  - — what did the physician do right?
  - — what could the physician have done to involve the patient more?
  - — other comments?

Materials:
- Overhead A-9



Questions to Prompt Plenary Discussion

- Do any of your patients want to share in decisions being made? Which ones?
- How do you find out which decisions they want to make? To leave to you? To share? How did these preferences change over time or in differing circumstances?
- What behaviours help a patient participate?
- What kind of phrases/questions would you ask?
- What kind of information does the patient need to participate?
- How would you confirm you've "got it right"?

The "How To" of Clarifying Responsibilities

Clarifying responsibilities means that physician and patient clarify from the outset what their individual roles and responsibilities are in the patient-physician partnership. Since patients will have differing perspectives about how active a role they want to take and since any given patient's perspective may change from time to time, part of the physician's job will be to determine individual expectations.

- Provide opportunities and encourage the patient to contribute her/his ideas, suggestions, preferences and beliefs.
- Offer the patient choices and encourage her/him to make decisions to the level they wish.
- Assign tasks (e.g., further research, consultation with other professionals, lifestyle changes, medication).
- Check with the patient to see if the allocation of tasks is appropriate.

The "How To" of Action Planning

Action planning involves negotiating a mutual plan of action for addressing the patient's health concerns.

- Provide clear information about the available options for action or treatment.
- Elicit the patient's ideas, understanding, concerns, perceived barriers.
- Encourage the patient's involvement in making choices.
- Take into account the patient's context (e.g., lifestyle, beliefs, cultural background) and support systems.
- Check with the patient to see if the plan is understood and agreeable.

Course Aid

The "How To" of Summarizing

Summarizing involves encapsulating what the patient has said, then inviting him/her to correct your interpretation and to provide further, clarifying information:

- Use **internal summarizing** throughout the interview to ensure that information has been interpreted accurately.
- Use **end summarizing** to pull together the entire interview.
- Summarize to demonstrate that you have been listening attentively and are interested in both the patient's disease and his/her "illness framework."
- After your summary, give the patient the opportunity to explain further.
- Ask the patient if you have summarized accurately.
- For example:

Physician: "Let me see if I've got this right. About two months ago, you started getting severe headaches once or twice a week. The headaches would only last about an hour if you took over-the-counter painkillers immediately; otherwise they would last three or four hours. You're now getting the headaches more frequently — three or four times a week — and the painkillers don't seem to work anymore. Is that right?"

Patient: "Yes, and I can't afford to be away from work right now. This is our busiest time of the year and I'm afraid my business will go under if I'm not there."

Triad Role Play: *Mrs. Wilson Refuses Needle Biopsy*

Timing:
- 20 minutes

Objectives:
- to give participants an opportunity to practise all the communication techniques and to give and receive feedback about their performance

Process:
- review the scenario with participants — Mrs. Wilson has refused the needle biopsy and the physician's challenge is to work with her to come to some mutually agreeable treatment plan
- ask participants to divide into groups of three — choosing one person to play the role of the physician; one to play Mrs. Wilson; and one to observe, take notes and give feedback
- distribute Handouts A-2 and A-3
- at approximately the 15-minute mark, ask the groups to switch to giving feedback

Materials:
- Participant Handouts A-2, A-3

Observer Feedback Form

To observers: Use this form to record your observations during the role play. Remember to watch for the positive as well as problem areas, and to think of what improvements can be made.

Techniques used	Mrs. Wilson's reaction
.....	.....
.....	.....
.....	.....

What went well:

.....

.....

What could be improved on and how:

.....

Handout A-3

Triad Role Play Instructions

Timing:
- 20 minutes

Mrs. Wilson:
- refuses to have a needle biopsy done
- after role play, shares how she felt during role play and her "gut reaction" to the physician's words, gestures, questions

Physician:
- attempts to reach a negotiated agreement with Mrs. Wilson regarding what course of action should be taken
- uses techniques covered during the day, including:
  - active listening
  - using open and closed questions
  - checking with the patient
  - following the patient's lead
  - clarifying responsibilities
  - action planning
  - summarizing
- after the role play, reviews her/his own "performance," saying what went well and what could have been improved

Observer:
- watches the role play, identifying the skills used by the physician and their impact on Mrs. Wilson
- provides feedback on the role play, adhering to the "rules of the road" for feedback, which are:
  - focus on the **positive** — the many things that went well — describing behaviours, attitudes and skills specifically reinforces them, lays the groundwork for refinement of skills and helps other group members learn them
  - offer **constructive** criticisms — first, allow the interviewer to identify problem areas and then explore alternative approaches with the group. Encourage group members to try out alternatives rather than just describe them. Remind participants to keep considering what outcomes you are trying to achieve — as a clinician — as a patient

Handout A-2

Wrap-Up: *What Did We Learn?*

Timing: • 10 minutes

Objectives: • to share experiences from the role play session

Process: • congratulate participants for their efforts and enthusiasm

• ask participants for their general comments on the role play and feedback process — Was it a useful exercise? What did they learn? Do they have any ideas to share with the group about how to put the techniques into action?

• briefly review research supporting the importance of shared decision making

Notes for Wrap-Up

➤ There is substantial evidence to support shared decision making in a clinical situation:

— Patients of physicians who encourage them to participate actively in treatment decisions have more favourable outcomes both physiologically and functionally.

— Patients and doctors who agree on the nature of the problem and the follow-up plan achieve better patient outcomes.

— "A therapeutic alliance which contains a clear rationale, a sensitive exploration of potential barriers and support for making difficult changes enhances the likelihood of success and satisfaction with a recommended plan."

Session 5 Wrap-Up

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  — to review what has been covered during the course and what participants have accomplished
  — to encourage participants to practise the new techniques in their work
- **Approach:** lecture and video, discussion
- **Equipment/supplies:** video, television, VCR, flipchart and markers, paper and pens, copies of the *Resource Booklet,* evaluation forms, overheads and projector

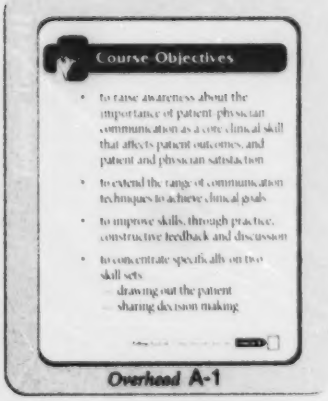
Lecture and Video : *A Recap*

Timing: • 10 minutes

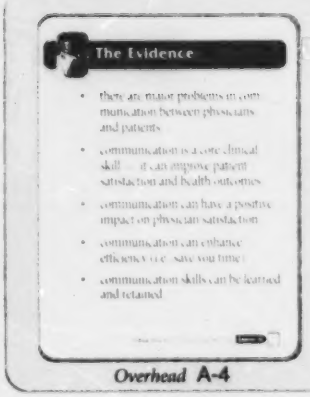
Objectives: • to briefly review what was done during the course

Process:
- review highlights of the evidence on patient-physician communication
- review the communication techniques addressed during the course
- play the second half of the video again where the physician prevents Mrs. Wilson from leaving. Ask participants to write down all of the communication techniques he uses to bring the patient back "on board."
- ask participants to take a moment to reflect on what they learned today and what they will change in their own practice, jotting down their conclusions

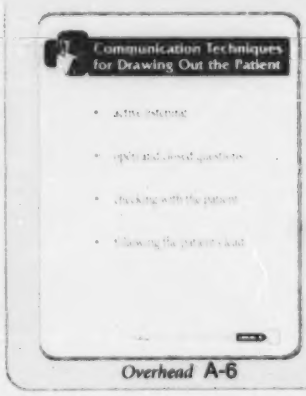
Materials: • Overheads A-1, A-4, A-6, A-9


Course Objectives
• to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
• to extend the range of communication techniques to achieve clinical goals
• to improve skills, through practice, constructive feedback and discussion
• to concentrate specifically on two skill sets
— drawing out the patient
— sharing decision making

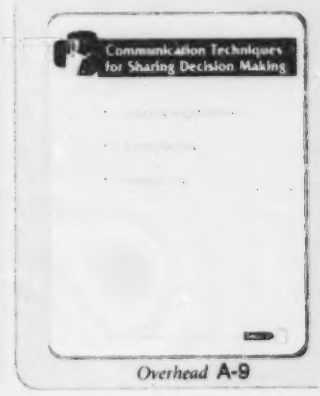
Overhead **A-1**


The Evidence
• there are major problems in communication between physicians and patients
• communication is a core clinical skill — it can improve patient satisfaction and health outcomes
• communication can have a positive impact on physician satisfaction
• communication can enhance efficiency (i.e. save you time)
• communication skills can be learned and retained

Overhead **A-4**



Overhead **A-6**



Overhead **A-9**

Session 5 Wrap-Up

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  — to review what has been covered during the course and what participants have accomplished
  — to encourage participants to practise the new techniques in their work
- **Approach:** lecture and video, discussion
- **Equipment/supplies:** video, television, VCR, flipchart and markers, paper and pens, copies of the *Resource Booklet*, evaluation forms, overheads and projector

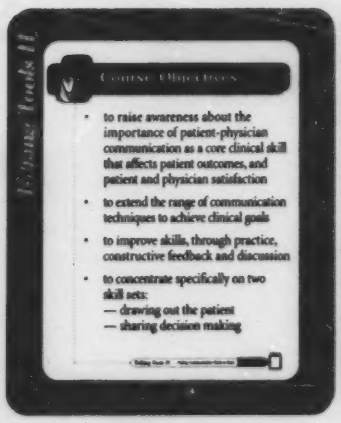
Lecture and Video: *A Recap*

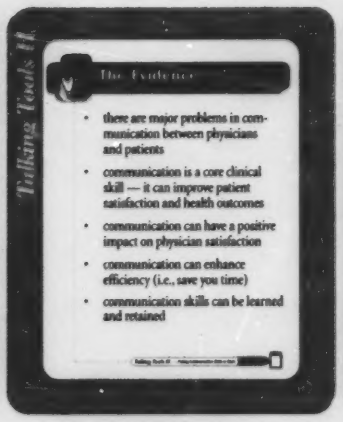
Timing:
- 10 minutes

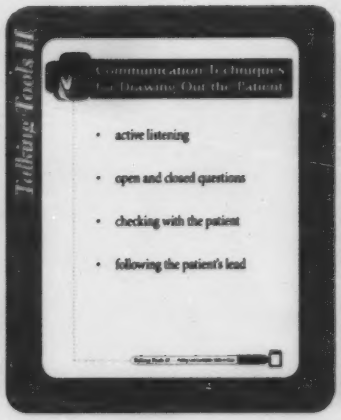
Objectives:
- to briefly review what was done during the course

Process:
- review highlights of the evidence on patient-physician communication
- review the communication techniques addressed during the course
- play the second half of the video again where the physician prevents Mrs. Wilson from leaving. Ask participants to write down all of the communication techniques he uses to bring the patient back "on board."
- ask participants to take a moment to reflect on what they learned today and what they will change in their own practice, jotting down their conclusions

Materials:
- Overheads A-1, A-4, A-6, A-9


Talking Tools II
Course Objectives
to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
to extend the range of communication techniques to achieve clinical goals
to improve skills, through practice, constructive feedback and discussion
to concentrate specifically on two skill sets:
— drawing out the patient
— sharing decision making


Talking Tools II
The Evidence
there are major problems in communication between physicians and patients
communication is a core clinical skill — it can improve patient satisfaction and health outcomes
communication can have a positive impact on physician satisfaction
communication can enhance efficiency (i.e., save you time)
communication skills can be learned and retained


Talking Tools II
Communication Techniques for Drawing Out the Patient
active listening
open and closed questions
checking with the patient
following the patient's lead

Notes for Course Wrap-Up

- What we know from the research (Kurtz et al., 1998):
  - — there are major problems in communication between physicians and patients
  - — communication is a core clinical skill — it can improve patient satisfaction and health outcomes
  - — communication can have a positive impact on physician satisfaction
  - — communication can enhance efficiency (i.e., save you time)
  - — communication skills can be learned and retained; while personality and personal style may give you a head start, everyone can improve

- A sampling of communication techniques which can be used to achieve the goals of: **drawing out the patient and sharing decision making**:
  - — open and closed questions
  - — active listening
  - — summarizing
  - — using plain language
  - — clarifying responsibilities
  - — action planning
  - — checking with the patient
  - — following the patient's lead

Discussion: *What Will You Do Differently as a Result of the Course?*

Timing:
- 15 minutes

Objectives:
- to encourage participants to take what they have learned into their practice
- to encourage participants to continue learning and improving by practising self-assessment techniques

Process:
- go around the group and ask participants to share something they learned and to indicate what, if anything, they will change in their practice
- hand out *Resource Booklet*
- encourage continued learning from each other and from ongoing self-assessment
- ask for comments and hand out evaluation form
- congratulate and thank participants

Course Objectives

- **to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction**
- **to extend the range of communication techniques to achieve clinical goals**
- **to improve skills, through practice, constructive feedback and discussion**
- **to concentrate specifically on two skill sets:**
  - **— drawing out the patient**
  - **— sharing decision making**

Course Overview

- welcome and objectives
- the evidence for investing in communication
  - — discussion
  - — recap
- drawing out the patient
  - — discussion
  - — participant activity
  - — recap
- sharing decision making
  - — discussion
  - — participant activity
  - — recap
- wrap-up

Session 2: Objectives

- **to discuss the importance of good communication**
- **to review the evidence showing that good physician-patient communication:**
  - **— achieves better patient outcomes**
  - **— increases physician and patient satisfaction**
  - **— enhances overall efficiency**

The Evidence

- **there are major problems in communication between physicians and patients**
- **communication is a core clinical skill — it can improve patient satisfaction and health outcomes**
- **communication can have a positive impact on physician satisfaction**
- **communication can enhance efficiency (i.e., save you time)**
- **communication skills can be learned and retained**

Session 3: Objectives

- **to increase our awareness about the importance of drawing out the patient**

- **to give us the opportunity to practise several communication techniques for drawing out the patient**

Communication Techniques for Drawing Out the Patient

- **active listening**
- **open and closed questions**
- **checking with the patient**
- **following the patient's lead**

The Palpable Breast Lump

Clinical History

- how long the lump has been noted
- whether there has been any change
- whether there is a history of biopsy or breast cancer
- risk factors for breast cancer

Session 4: Objectives

- **to demonstrate the importance of sharing decision making to clinical outcomes**

- **to identify and practise the communication techniques covered so far, and three new techniques**

Communication Techniques for Sharing Decision Making

- **clarifying responsibilities**
- **action planning**
- **summarizing**

Buzz Group Definitions

Active listening is the sincere attempt to understand — and confirm — what is being communicated.

Open questions do not limit the response. They suggest that elaboration is both appropriate and welcome.

Closed questions limit the response to a narrow field — usually a "yes" or "no."

Checking with the patient involves determining if your assumptions/understanding of a situation is correct. It involves repeating/paraphrasing your understanding and asking for the patient's corroboration.

Following the patient's lead involves allowing the patient to lead the interview and probing for more information as issues arise.

Triad Role Play Instructions

Timing:

- 20 minutes

Mrs. Wilson:

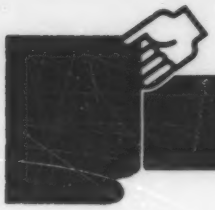
- refuses to have a needle biopsy done
- after role play, shares how she felt during role play and her "gut reaction" to the physician's words, gestures, questions

Physician:

- attempts to reach a negotiated agreement with Mrs. Wilson regarding what course of action should be taken
- uses techniques covered during the day, including:
  - — active listening
  - — using open and closed questions
  - — checking with the patient
  - — following the patient's lead
  - — clarifying responsibilities
  - — action planning
  - — summarizing
- after the role play, reviews her/his own "performance," saying what went well and what could have been improved

Observer:

- watches the role play, identifying the skills used by the physician and their impact on Mrs. Wilson
- provides feedback on the role play, adhering to the "rules of the road" for feedback, which are:
  - — focus on the **positive** — the many things that went well — describing behaviours, attitudes and skills specifically reinforces them, lays the groundwork for refinement of skills and helps other group members learn them
  - — offer **constructive** criticisms — first, allow the interviewer to identify problem areas and then explore alternative approaches with the group. Encourage group members to try out alternatives rather than just describe them. Remind participants to keep considering what outcomes you are trying to achieve — as a clinician — as a patient



Observer Feedback Form

To observers: Use this form to record your observations during the role play. Remember to watch for the positive as well as problem areas, and to think of alternative approaches.

Techniques used	Mrs. Wilson's reaction

What worked well:

What could be improved on and how:

Talking Tools II

Participant Feedback

Please take the time to complete the following questions about the content and format of the course, and leave the completed form with the facilitator.

1 I attended (please check one):

- ❑ Course A — "Drawing Out the Patient and Sharing Decision Making"
- ❑ Course B — "Handling Emotions and Getting Effective Closure"

2 Previously, I attended (please check one):

- ❑ *Talking Tools I* — "Better Physician-Patient Communication for Better Patient Outcomes"
- ❑ *Talking Tools II*, Course A — "Drawing Out the Patient and Sharing Decision Making"
- ❑ *Talking Tools II*, Course B — "Handling Emotions and Getting Effective Closure"

3 Overall, I found the contents of the *Talking Tools II* course to be:

1	2	3	4	5	❑
essential		useful		a waste of time	can't say

4 In terms of their relevance to my practice, I found the discussions and exercises in the *Talking Tools* course to be:

1	2	3	4	5	❑
extremely relevant		somewhat relevant		not at all relevant	can't say

5 Please indicate how useful you found the different elements of the *Talking Tools II* course:

	essential		useful		a waste of time	can't say
Resource booklet	❑	❑	❑	❑	❑	❑
Video	❑	❑	❑	❑	❑	❑
Role play	❑	❑	❑	❑	❑	❑
Discussions	❑	❑	❑	❑	❑	❑
Lectures	❑	❑	❑	❑	❑	❑

6 What, if anything, will you do differently in your practice as a result of this course?

.....

.....

.....

.....

7 What could be done to improve the course?

.....

.....

.....

.....

8 Other comments:

.....

.....

.....

.....

Course B

Handling Emotions and Getting Effective Closure

Course B at a Glance

Session 1:	Welcome	20 minutes
Session 2:	The Evidence for Investing in Communication	20 minutes
Session 3:	Handling Emotions	60 minutes
Session 4:	Getting Effective Closure	60 minutes
Session 5:	Wrap-Up	20 minutes

Session 1 Welcome

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  - — to "break the ice" and give participants an opportunity to get acquainted
  - — to provide participants with an overview of the purpose and agenda for the course
  - — to introduce the issue of interdependence between communication and clinical decision making
- **Approach:** lecture, case study review, round table discussion
- **Equipment/supplies:** video, VCR, television, overheads and projector, course aids

Lecture: *Introductions and Course Overview*

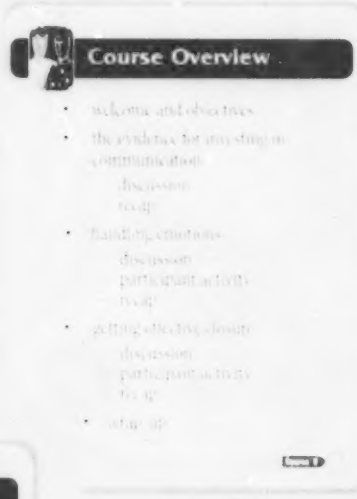
Timing: • 5 minutes

Objectives: • to provide participants with a brief overview of the course

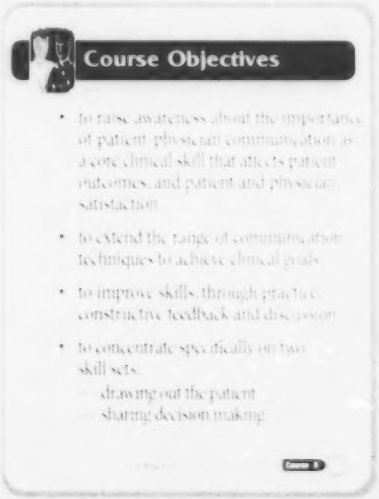
Process:
- introduce yourself and briefly describe your role (i.e., colleague-participant or non-participant facilitator)
- review administrative details — for example, the location of washrooms, availability of coffee and other refreshments
- using the overhead as an aid, give an overview of the course, including its objectives and the sequencing of major activities

(Note: Overhead B-2 is very general. Put your own stamp on the course by tailoring your speaking notes to tell participants what the course will cover, timing of each element, etc.)

Materials: • Overheads B-1, B-2



Overhead B-2



Overhead B-1

Session 1 Welcome

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
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  - — to provide participants with an overview of the purpose and agenda for the course
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Lecture: *Introductions and Course Overview*

Timing:
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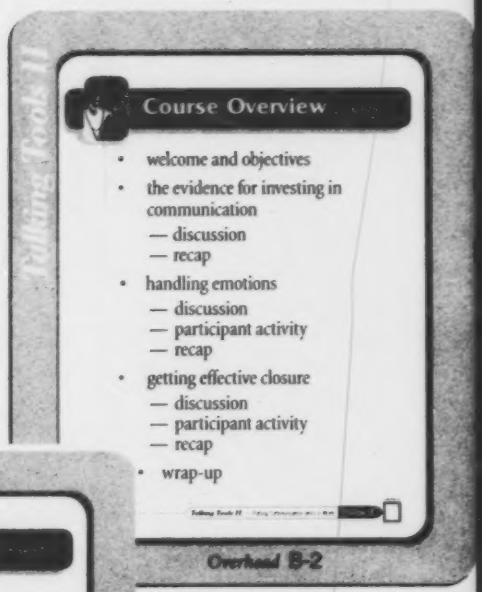
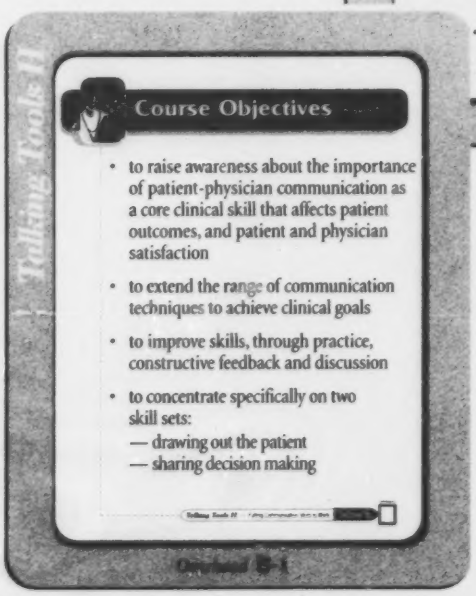
Materials:
- Overheads B-1, B-2




Talking Tools II
Course Objectives
• to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
• to extend the range of communication techniques to achieve clinical goals
• to improve skills, through practice, constructive feedback and discussion
• to concentrate specifically on two skill sets:
— drawing out the patient
— sharing decision making
Overhead B-1

Case Study Review and Discussion: *Mrs. Wilson's Breast Lump Video*

Timing:
- 15 minutes

Objectives:
- to get participants interacting and relating the importance of good communication to their own practices
- distribute case study to anyone who does not have a copy

Process:
- explain that the video is an enactment of the first consultation with Mrs. Wilson (as described in the case study)
- play the first part of the video (just before the interview is salvaged) and remind participants that, subsequent to this consultation, Mrs. Wilson decided to forgo traditional treatment in favour of herbal treatments
- go around the group and ask participants to introduce themselves and to identify an issue (either medical or communication) that emerges from the case study
- record the issues on a flipchart under two columns — medical and communication — and post it on the wall so that you and participants can refer to them throughout the course
- help people to see the link between medical and communication issues by asking the group to connect the issues between the columns
- briefly summarize the discussion, concluding with the suggestion that — in a substantial number of consultations — moving forward clinically depends on the ability of the physician to communicate effectively

Course Aim

Prompt Questions for Discussion

- What do you think Mrs. Wilson's physician should do — from a clinical standpoint?
- Can you describe a similar situation that you have been in with a patient — i.e., a patient who wants to try an alternative therapy?
- How did you use your communication skills to ensure an appropriate outcome?
- Describe a situation in which you "lost" the patient/"turned around" a potentially bad situation through communication techniques.
- How can the physician use his communication skills to ensure an appropriate outcome?
- What does he need to know about Mrs. Wilson to move forward clinically?

Session 2 The Evidence for Investing in Communication

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:** to make participants aware — from their own experiences and from the research — that good physician-patient communication can help achieve better patient outcomes, increase physician and patient satisfaction, and enhance overall efficiency
- **Approach:** group discussion, lecturette
- **Equipment/supplies:** flipchart and markers, overheads and projector, course aids

Guided Discussion: *Why is Good Communication Important to Us as Clinicians? What Are the Benefits and Challenges?*

Timing:
- 15 minutes

Objectives:
- to encourage participants to see from their own experiences and from the evidence that effective communication does make a difference
- to demonstrate the interdependence between making clinical decisions, implementing the guidelines on breast cancer treatment and care, and using good communication skills

Process:
- introduce the session's purpose and methods, and the discussion topic
- open the discussion, encouraging participants to share personal experiences in order to illustrate their points
- list key points on a flipchart as they are made
- identify research/evidence that supports/refutes discussion points
- draw on the discussion to underscore the linkages between clinical decision making, the breast cancer guidelines, and effective physician-patient communication

Materials:
- Overhead B-3

Session 2: Objectives

- to discuss the importance of good communication
- to review the evidence showing that good physician-patient communication can help achieve better patient outcomes, increase physician and patient satisfaction, and enhance overall efficiency

Overhead B-3

Session 2 The Evidence for Investing in Communication

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:** to make participants aware — from their own experiences and from the research — that good physician-patient communication can help achieve better patient outcomes, increase physician and patient satisfaction, and enhance overall efficiency
- **Approach:** group discussion, lecturette
- **Equipment/supplies:** flipchart and markers, overheads and projector, course aids

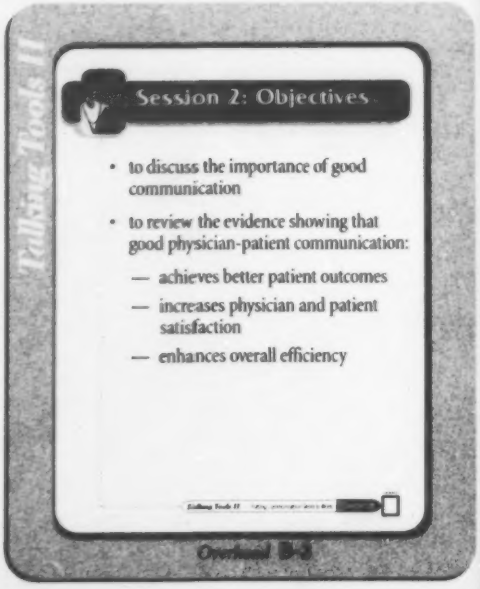
Guided Discussion: *Why is Good Communication Important to Us as Clinicians? What Are the Benefits and Challenges?*

Timing:
- 15 minutes

Objectives:
- to encourage participants to see from their own experiences and from the evidence that effective communication does make a difference
- to demonstrate the interdependence between making clinical decisions, implementing the guidelines on breast cancer treatment and care, and using good communication skills

Process:
- introduce the session's purpose and methods, and the discussion topic
- open the discussion, encouraging participants to share personal experiences in order to illustrate their points
- list key points on a flipchart as they are made
- identify research/evidence that supports/refutes discussion points
- draw on the discussion to underscore the linkages between clinical decision making, the breast cancer guidelines, and effective physician-patient communication

Materials:
- Overhead B-3


Talking Tools II
Session 2: Objectives
• to discuss the importance of good communication
• to review the evidence showing that good physician-patient communication:
— achieves better patient outcomes
— increases physician and patient satisfaction
— enhances overall efficiency
Overhead B-3

Prompt Questions for Discussion

- Did you ever feel like you spent a lot of time with a patient and just didn't get anywhere with her/him?
- Did a patient ever walk out on you before you had covered your agenda? Did communication style have anything to do with it?
- Have you ever used your communication skills to "turn around" what might have been a disastrous interview?
- Did you ever get "blind sided" by information about the patient you didn't know?
- Have you ever found out, long after you should have, that your patient wasn't adhering to treatment?
- Have you ever probed for information about a patient's life circumstances and found that there were issues that had a direct bearing on diagnosis and treatment?
- Have you ever felt uncomfortable/frustrated because you don't know how to deal with patients' emotions?

What the Evidence Tells Us About Communication

Yes, there is a problem

- More than 54% of all patient complaints and 45% of patient concerns are not elicited by physicians.
- In 50% of visits, patient and physician do not agree on the nature of the problem.
- On average, physicians interrupt patients 18 seconds into the patient's description of the problem; and, once interrupted, patients are unlikely to raise additional concerns.
- Most malpractice suits are due to communication errors, not competency errors — patients whose autonomy and means of expression are severely limited by the demands of time and a physician-directed, narrowly focused interviewing style are less satisfied and more likely to bring suit.
- Patients' most common complaint is lack of information from their physicians (for example, 83% of people believe in patients' right to information.

Communication can improve patient outcomes

- Randomized, controlled trials demonstrate that patients with diabetes, hypertension and ulcer disease who are trained to be more assertive in physician interviews have significant reductions in glycosolated hemoglobin, blood pressure and functional limitations from ulcer disease.
- Patients' perceptions that they had been listened to fully and completely by the physician were the single variable most highly associated with relief of chronic headache symptoms.
- Interviewing style in assessing and educating patients about compliance affects the accuracy of information and the potential for miscommunication — and therefore noncompliance.
- The style of delivering news to patients may determine the acceptability of a diagnosis or recommendation.
- 16 of 21 studies showed positive, significant relationships between communication and patient health outcomes.

Communication affects patient satisfaction

- A patient-centred interviewing style has a strong positive effect on patient satisfaction.
- Communication skills such as meeting expectations, giving information, and talking about distressing problems are related to patient satisfaction.
- Including certain communication behaviours (education, stress counselling, negotiation) during visits with primary care patients predicted patient satisfaction whereas technical interventions (examination, tests, medications) did not.

Communication affects physician satisfaction

- Communication skills of meeting expectations, giving information and talking about distressing problems are related to physician satisfaction.
- Physicians' overall satisfaction was most closely related to the patient-physician relationship.

It doesn't take any longer

- Physicians who are sensitive to and explore patients' emotional concerns take a mean of one minute longer to complete visits than physicians who do not.
- There was no increase in the length of the interview in primary care following training in the skills of "problem-defining and emotion-handling."
- Physicians who used more appropriate communication skills and involved their patients more actively in their own care did not have longer interviews than their colleagues.

Communication skills can be taught, learned and retained

- Medical students who learned key interviewing skills were diagnostically more efficient and effective in interviewing patients.
- Training internal medical residents and staff physicians to use more appropriate interviewing skills led to significant improvements in the information-gathering process.
- An eight-hour communication course in CME improved primary care physicians' detection and management of psychosocial problems and reduced patients' emotional distress.
- Improvement in the interviewing skills of established general practitioners following an interview training course was maintained over a two-year period.
- Practice and feedback are the only ways of actually learning the skills; feedback may come from "inside" (e.g., critical review) or "outside" (e.g., patient feedback).

Clinical Practice Guidelines for the Care and Treatment of Breast Cancer

There is considerable variation in how patients with breast cancer are treated across Canada. In November 1993, the National Forum on Breast Cancer identified a need for a better definition of the limits within which treatment should vary. The Guidelines are an attempt to address this need. They are intended for physicians who advise and care for women with breast cancer. (Supplement to Canadian Medical Association Journal (CMAJ), 1998; 158 (3 Suppl.), Health Canada and Canadian Medical Association)

Summarizing Lecturette

Objectives:

- to highlight the main points identified in the group discussion and expand on supporting evidence
- to reinforce the message that communication is a professional, clinical and essential skill

Timing:

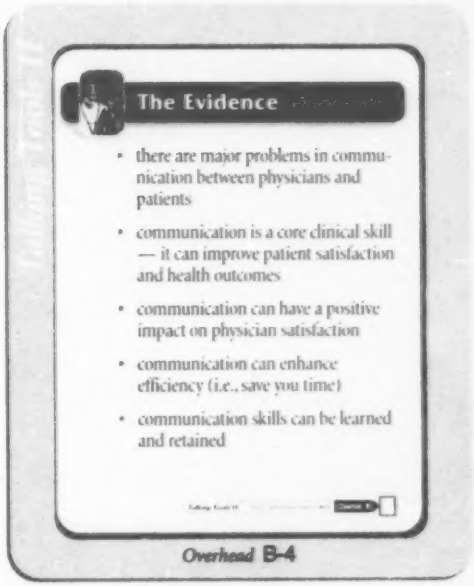
- 5 minutes

Process:

- review key points raised in discussion and identify other communication issues that were not raised
- summarize selected research supporting the role of effective communication in physician-patient interaction
- emphasize that communication is an essential tool that assists physicians in determining individual patient circumstances and patient preferences and, as such, is an integral part of the clinical decision-making process
- recap that:
  - — communication is a core clinical skill
  - — communication is an essential tool in all clinical decision making
  - — communication plays a vital role in implementing the *Clinical Practice Guidelines for the Care and Treatment of Breast Cancer*
- refer participants to *Talking Tools II: Resource Booklet*, Section 1, page 1, The Evidence, for an overview of research

Materials:

- Overheads B-4


The Evidence
• there are major problems in communication between physicians and patients
• communication is a core clinical skill — it can improve patient satisfaction and health outcomes
• communication can have a positive impact on physician satisfaction
• communication can enhance efficiency (i.e., save you time)
• communication skills can be learned and retained

Overhead **B-4**

Session 3 Handling Emotions

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to increase participants' awareness about the importance of handling patients' emotions
  - — to raise participants' awareness about the *Clinical Practice Guidelines*
  - — to give participants an opportunity to practise several communication techniques aimed at handling patients' emotions — the suggested techniques are:
    - body language
    - timing
    - showing empathy
    - using silence
- **Approach:** facilitated discussion, triad role play
- **Equipment/supplies:** flipchart and markers, paper and pens, overheads and projector, course aids, participant handouts

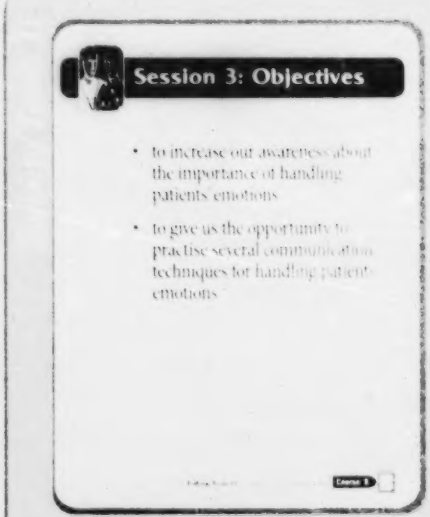
Lecturette: *Introduction*

Timing:
- 10 minutes

Objectives:
- to orient participants about what to expect during the session
- to heighten awareness about the importance of handling the patient's emotions

Process:
- review the objectives for the session
- guide a discussion on the importance of handling patients' emotions effectively, asking participants to draw on their own experience to illustrate their points
- post "Body Language" flipchart page on the wall and ask participants to fill it out throughout the course: one column with the heading "The Signal," the second column with heading "What It Says"

Materials:
- Overhead B-5


Session 3: Objectives
• to increase our awareness about the importance of handling patients' emotions
• to give us the opportunity to practise several communication techniques for handling patients' emotions

Overhead **B-5**

Session 3 Handling Emotions

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to increase participants' awareness about the importance of handling patients' emotions
  - — to raise participants' awareness about the *Clinical Practice Guidelines*
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    - using silence
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Lecturette: *Introduction*

Timing:
- 10 minutes

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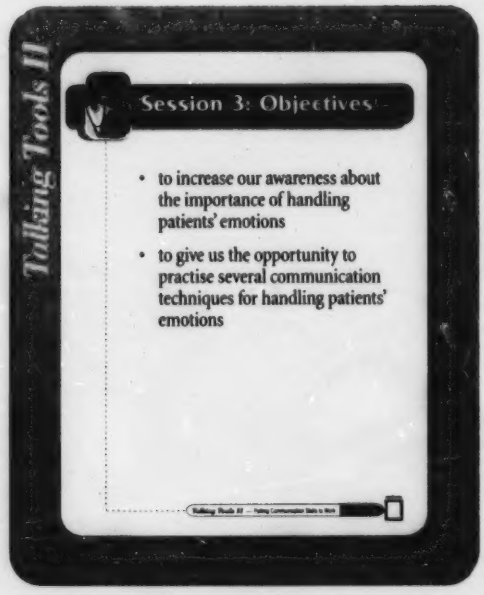
Materials:
- Overhead B-5


Talking Tools II
Session 3: Objectives
• to increase our awareness about the importance of handling patients' emotions
• to give us the opportunity to practise several communication techniques for handling patients' emotions

The Importance of Handling Patients' Emotions

- There is a convincing body of evidence that building positive therapeutic relationships — including dealing with patients' feelings — makes a difference in the process and outcomes of care.
- Researchers have begun to see a relationship between what patients perceive as lack of caring on the part of physicians and the decision to litigate for malpractice.
- Many studies have identified significant associations between the degree of empathy expressed by the physician and the patient's adherence to treatment advice.
- Medicine has traditionally been associated with clinical detachment and neutrality, while empathy is based on "passion and relationship, joy and sorrow and the experience of being in the world."
- The *Clinical Practice Guidelines* underscore that detection of a breast lump is a source of great anxiety for a patient. "Maintenance of good communication between a patient and her physician will not only diminish immediate anxiety but may influence psychologic well-being many months later" (level III evidence).
- Note that traditional approaches to evidence-based medicine describe research evidence according to two levels of significance: statistical and clinical. However, this does not take into account the interaction between doctor and patient during a one-to-one consultation. "Personal significance" adds a further dimension that considers the contribution made by an individual practitioner (and her/his training, experience, values, etc.) and the patient (and her/his individual history, beliefs and attitudes).

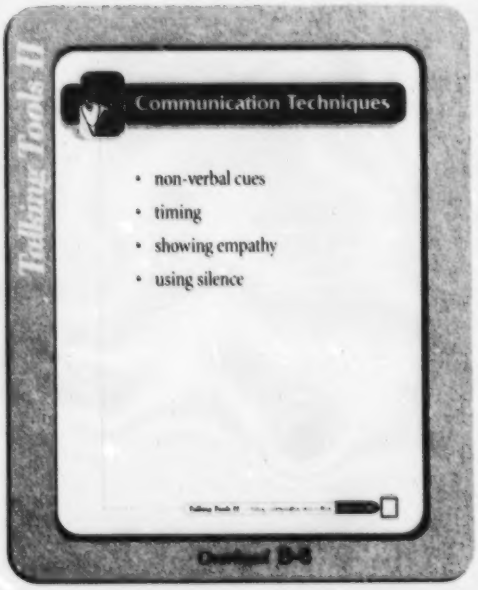
Plenary Discussion: *Techniques for Handling Emotions*

Timing:
- 20 minutes

Objectives:
- to identify and discuss communication techniques that assist in handling patients' emotions

Process:
- using a flipchart to record the issues raised, facilitate a discussion on each of the following techniques, inviting participants to define them and to develop a "how to" for putting the techniques into practice.
  - — body language
  - — timing
  - — showing empathy
  - — using silence
- incorporate new techniques into the discussion, when and if they are raised

Materials:
- Overhead B-6



Questions to Prompt Plenary Discussion

- Do you think physicians generally have a difficult time dealing with patients' emotions — if so, why?
- Can you give some examples of behaviours/phrases that are part of these techniques?
- Are there any other communication techniques you can think of that might be useful in helping to deal with patients' emotions?
- When have you used these techniques to your advantage?
- Can you think of some circumstances when using these techniques would be inappropriate?
- How important are these techniques for dealing with patients' emotions?

The "How To" of Non-Verbal Cues

Picking up patients' non-verbal cues and decoding them are essential to understanding patients' emotions and feelings.

- Watch for signs of distress such as:
  - — avoiding eye contact
  - — fidgeting
  - — shifting around in the chair
  - — holding the body tensely
- Don't just assume that you've interpreted a patient's non-verbal cues correctly. Check it out with them to see if you're right.
- Watch your non-verbal cues. "Good" non-verbal cues invite communication, such as:
  - — leaning in to listen to the patient
  - — maintaining eye contact and attention
  - — nodding your head
- Avoid distracting non-verbal cues, such as:
  - — fidgeting, tapping your pen
  - — looking at your watch or the clock
  - — avoiding eye contact

The "How To" of Timing

Timing means managing the time in the interview effectively and choosing when to speak for best effect.

- Avoid interrupting patients and demonstrating impatience (both verbally and non-verbally).
- Prepare adequately for the interview by reviewing the patient's chart and history.
- Announce to the patient how much time is scheduled — this permits patients to decide how much, and what information they want to share in the time available.
- Establish priorities with the patient if there are several issues he/she wishes to discuss.
- Tell the patient directly if you are under extreme time pressure, and share the reasons for that pressure (e.g., emergency case, late arrivals, etc.).
- Schedule another appointment if there is not sufficient time to discuss everything adequately.

The "How To" of Showing Empathy

- Empathy means showing your appreciation, understanding and acceptance of someone else's emotional situation. Demonstrating empathy requires that the physician identify a patient's emotional state accurately and acknowledge it. By doing so, the physician indicates that the patient has been truly heard, that the patient's emotions are acceptable and that the physician is touched by the patient's experience.
- Cohen-Cole and Bird (1991) identified five types of empathic responses:
  - — reflection — "I can see that you are ..."
  - — legitimation — "I can understand why you feel ..."
  - — support — "I want to help."
  - — partnership — "Let's work together."
  - — respect — "You're doing great."
- Empathy can be expressed verbally:
  - — "I really feel bad for you."
  - — "That must be very difficult for you to cope with."
  - — "You seem (sad, angry, stressed) today."
  - — "This can't be an easy time for you."
  - — "We'll work together to get through this."
  - — "Please call me anytime."
- Sympathy can be expressed non-verbally:
  - — using a sad or sympathetic tone of voice
  - — expressing concern through your facial expression
  - — touching a patient's hand

The "How To" of Using Silence

The use of silence is a helpful communication technique in eliciting the full range of patient concerns.

- Allow the patient to take his/her own time in discussing a problem and leave them "space" to think.
- Use a brief silence or pause to encourage the patient to say more.
- Use longer periods of silence if the patient is having difficulty in expressing him/herself or is becoming emotional.
- Be attentive to the patient's non-verbal cues, acknowledge and check out your perception of them with the patient.

Triad Role Play: *Mrs. Wilson Opts for Herbal Treatment*

Timing:
- 20 minutes

Objectives:
- to give participants an opportunity to practise various techniques for handling patients' emotions

Process:
- review the scenario with participants — Mrs. Wilson expresses fear and anger about undergoing chemotherapy/radiation/surgery, opting for herbal remedies instead
- ask participants to divide into groups of three — choosing one person to play the role of the physician; one to play Mrs. Wilson; and one to observe, take notes and give feedback
- distribute Handouts B-1 and B-2, at the back of this section
- at approximately the 15-minute mark, ask the groups to switch to the feedback portion of the role play

Materials:
- Participant Handouts B-1, B-2

Triad Role Play Instructions

Timing:
- 20 minutes

Mrs. Wilson:
- refuses traditional treatment options and wishes to pursue herbal remedy
- is extremely emotional — upset and frightened
- after the role play, shares how she felt during the role play and her "gut reaction" to the physician's words, gestures, questions

Physician:
- empathizes with Mrs. Wilson, and tries to understand more about her anxieties and resistance to traditional therapies
- uses communication techniques to manage Mrs. Wilson's emotions effectively, including:
  - body language
  - timing
  - showing empathy
  - using silence
- once the role play is concluded, reviews her/his own "performance," saying what went well and what could have been improved

Observer:
- watches the role play, identifying the skills used by the physician and their impact on Mrs. Wilson
- provides feedback on the role play, adhering to the "rules of the road" for feedback, which are:
  - focus on the **positive** — the many things that went well — describing behaviours, attitudes and skills specifically reinforces them, lays the groundwork for refinement of skills and helps other group members learn them
  - offer **constructive** criticisms — first, allow the interviewer to identify problem areas and then explore alternative approaches with the group. Encourage group members to try out alternatives rather than just describe them. Remind participants to keep considering what outcomes you are trying to achieve — as a clinician — as a patient

Handout **B-1**

Observer Feedback Form

To observers: Use this form to record your observations during the role play. Remember to watch for the positive as well as problem areas, and to think of what improvements can be made.

Techniques used	Mrs. Wilson's reaction
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

What went well:

.....
.....
.....
.....
.....

What could be improved on and how:

.....
.....
.....
.....
.....

Handout **B-2**

Wrap Up: What Did We Learn?

Timing: • 10 minutes

Objectives: • to share knowledge and experience gained from the role plays

Process:
- thank participants for their courage and enthusiasm
- ask triad members to comment on the role play — what they learned, how they felt playing the roles, any problems giving or receiving feedback from their peers?
- briefly review research supporting the importance of handling emotions

The Importance of Handling Patients' Emotions

- There is a convincing body of evidence that building positive therapeutic relationships — including dealing with patients' feelings — makes a difference in the process and outcomes of care.
- Researchers have begun to see a relationship between what patients perceive as lack of caring on the part of physicians and the decision to litigate for malpractice.
- Many studies have identified significant associations between the degree of empathy expressed by the physician and the patient's adherence to treatment advice.
- Medicine has traditionally been associated with clinical detachment and neutrality, while empathy is based on "passion and relationship, joy and sorrow and the experience of being in the world."
- The *Clinical Practice Guidelines* underscore that detection of a breast lump is a source of great anxiety for a patient. "Maintenance of good communication between a patient and her physician will not only diminish immediate anxiety but may influence psychologic well-being many months later" (level III evidence).
- Note that traditional approaches to evidence-based medicine describe research evidence according to two levels of significance: statistical and clinical. However, this does not take into account the interaction between doctor and patient during a one-to-one consultation. "Personal significance" adds a further dimension that considers the contribution made by an individual practitioner (and his/her training, experience, values, etc.) and the patient (and his/her individual history, beliefs and attitudes).

Session 4 Getting Effective Closure

The Session at a Glance

- **Timing:** 60 minutes
- **Objectives:**
  - — to increase participants' awareness of the importance of getting effective closure to a consultation
  - — to identify and practise three or four techniques for getting closure, including:
    - checking with the patient
    - open and closed questions
    - active listening
    - summarizing
- **Approach:** lecturette, buzz groups and role play
- **Equipment/supplies:** overheads and projector, course aids, participant handouts

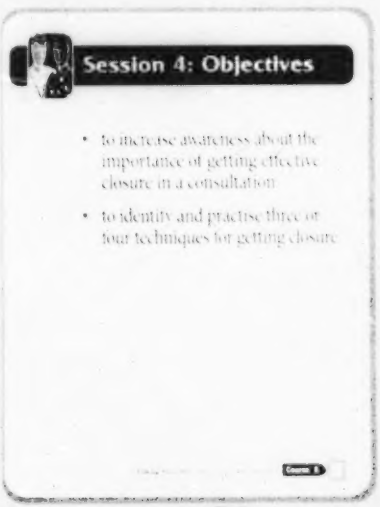
Discussion: *Introduction*

Timing:
- 10 minutes

Objectives:
- to orient participants about what to expect during the session
- to establish the importance of getting closure — both to physicians and patients

Process:
- review session objectives
- facilitate a discussion about getting closure, pointing to the evidence and to the clinical guidelines

Materials:
- Overhead B-7


Session 4: Objectives
• to increase awareness about the importance of getting effective closure in a consultation
• to identify and practise three or four techniques for getting closure

Overhead **B-7**

Session 4 Getting Effective Closure

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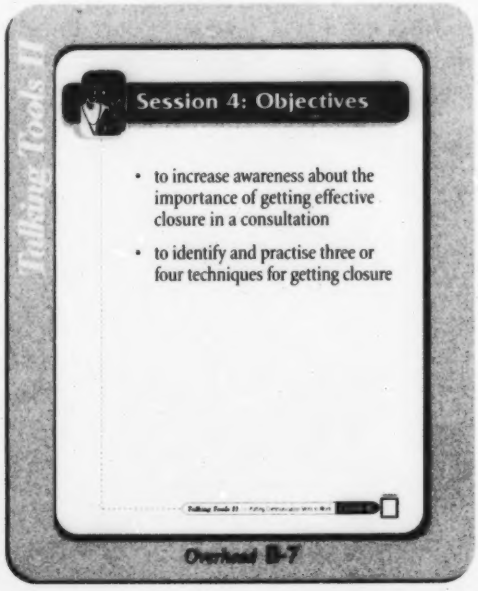

Talking Tools II
Session 4: Objectives
• to increase awareness about the importance of getting effective closure in a consultation
• to identify and practise three or four techniques for getting closure
Overhead B-7

The Importance of Getting Closure

- ensures that the patient knows, and is in agreement with, the treatment plan
- enables patients to feel comfortable about a mutually agreed plan, to be clear about what will happen next and to proceed with confidence
- allows the physician to begin the patient's next session without any unfinished business
- a study of primary care physicians in Oregon (White et al., 1994) showed that:
  - 21% of closures revealed new problems not discussed earlier in the meeting
  - the average length of closure was 1.6 minutes
  - physician behaviours in closure include:
    - clarifying the plan (75%)
    - orienting the patient to next steps (56%)
    - providing information about the condition or therapy (53%)

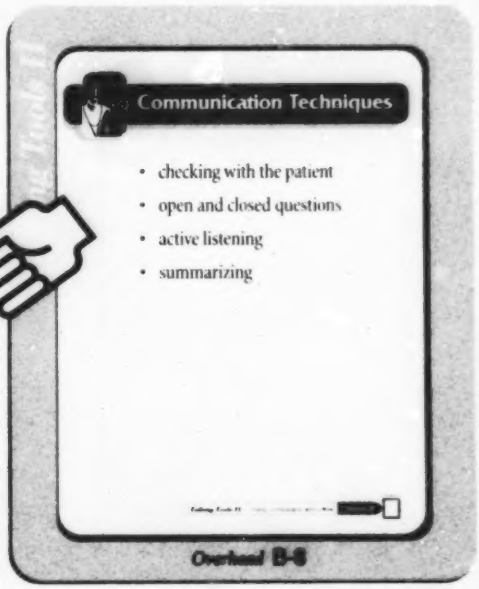
Buzz Groups: *Techniques for Getting Closure*

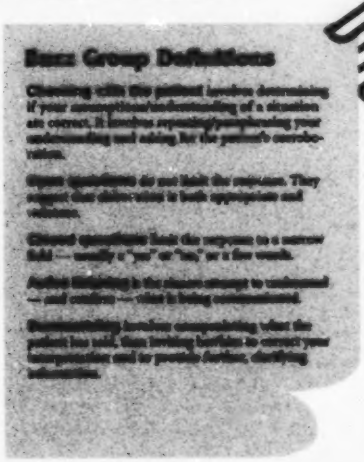
Timing:
- 15 minutes

Objectives:
- to draw on participants' collective experience and knowledge about the use of specific communication techniques for getting effective closure

Process:
- ask participants to arrange themselves into groups of three or four
- distribute Handout B-3
- assign one of the following techniques to each buzz group, explaining that they are to draw on their collective knowledge and experience to develop a brief presentation about that technique:
  - checking with the patient
  - open and closed questions
  - active listening
  - summarizing
- remind the groups to assign a notetaker/spokesperson early on
- circulate among the groups, providing assistance, as required, to stimulate discussion or ideas

Materials:
- Overhead B-8, Participant Handout B-3





Handout **B-3**

Prompt Questions for Buzz Groups

- When have you used this technique to your advantage?
- Can you think of some circumstances when using this technique would be inappropriate?
- Can you give some examples of behaviours/phrases that illustrate this technique?
- How important is this technique for getting effective closure?
- Are there any other communication techniques you can think of that might be useful in getting effective closure?

Plenary Discussion: *Sharing the Wealth*

Timing
- 15 minutes

Objectives
- to share information and experiences about communication techniques for getting closure

Process
- ask each group to give their presentation
- invite comments from other participants
- after each group's presentation, point out any relevant research supporting the use of that particular technique

The "How To" of Checking with the Patient

Checking with the patient means asking questions at key stages to determine whether you have interpreted correctly — whether you are both "on the same wavelength."

- Don't assume you know what the patient wants or is saying.
- Find out about and take into account emotion, cultural background and education, which can sometimes affect how forthcoming a patient is.
- Use specific questions to feed back what you think you understand, for example:
  - "What I hear you saying is ... Is that correct?"
  - "You seem to be saying ... Do I have it right?"
  - "If I understand you correctly, ... Do you agree?"

The "How To" of Open and Closed Questions

Open questions invite an expanded answer. Closed questions invite a short answer, usually "yes" or "no," or a few words.

- Use different questioning techniques to encourage patients to go into more depth with their answers.
- Begin the interview with open questions (to get a picture of the problem from the patient's perspective), then focus the questioning by using specific but still open questions, and then use closed questions to obtain final details the patient may have omitted. For example:
  - **Open questions** to introduce an area of inquiry without limiting the response — "Can you tell me about any pain you're feeling?" "Tell me more about that pain you've been feeling."
  - **More specific but still open questions** sharpen the focus, but still allow the patient some leeway in answering — "What makes the pain worse or better?"
  - **Closed questions** limit the response to a narrow field set by the questioner — "Are you feeling any pain in your left arm?" "Have you been taking your medication?"

The "How To" of Active Listening

Active listening is not just "sitting and doing nothing." It is the sincere attempt to understand what is being communicated.

- Be prepared to listen (don't rush the patient because of other commitments).
- Listen to verbal and non-verbal cues (body language).
- Listen in an understanding and supportive way, for example:
  - verbal facilitation: "um," "yes," "go on," "ah ha"
  - non-verbal facilitation: position, posture, eye contact, affect, facial expression, animation
  - pause before asking follow-up questions
- Respect the sender.
- Clarify the sender's message ("What I hear you saying is ... Is that right?").

The "How To" of Summarizing

Summarizing involves encapsulating what the patient has said, then inviting him/her to correct your interpretation and to provide further, clarifying information.

- Use **internal summarizing** throughout the interview to ensure that information has been interpreted accurately.
- Use **end summarizing** to pull together the entire interview.
- Summarize to demonstrate that you have been listening attentively and are interested in both the patient's disease and her/his "illness framework."
- After your summary, give the patient the opportunity to explain further.
- Ask the patient if you have summarized accurately.
- For example:

Physician: "Let me see if I've got this right. About two months ago, you started getting severe headaches once or twice a week. The headaches would only last about an hour if you took over-the-counter painkillers immediately; otherwise they would last three or four hours. You're now getting the headaches more frequently — three or four times a week — and the painkillers don't seem to work anymore. Is that right?"

Patient: "Yes, and I can't afford to be away from work right now. This is our busiest time of the year and I'm afraid my business will go under if I'm not there."

Role Play: *Mrs. Wilson Agrees to Treatment*

Timing:
- 18 minutes

Objectives:
- to give participants the opportunity to practise various communication techniques to achieve effective closure

Process:
- invite two volunteers to play the role of Mrs. Wilson and her physician — if the group is reluctant, volunteer to play the physician yourself
- explain the role play scenario, i.e., same circumstances but now Mrs. Wilson reluctantly agrees to proceed with surgery followed by radiation and chemotherapy
- invite the volunteer physician to use the techniques discussed
- following the role play, ask each of the role players for their reaction
- invite comments/feedback from the rest of the group about what worked well and what might be improved upon

Wrap-Up: *What Did We Learn?*

Timing:
- 2 minutes

Objectives:
- to briefly review the key points of the session

Process:
- congratulate the role players
- highlight three or four key points made by participants during this session and the importance of getting effective closure
- relate the importance of "getting closure" to the clinical guidelines
- highlight the core techniques for getting closure, such as checking with the patient, open and closed questions, active listening and summarizing

The Importance of Getting Closure

- ensures that the patient knows, and is in agreement with, the treatment plan
- enables patients to feel comfortable about a mutually agreed plan, to be clear about what will happen next and to proceed with confidence
- allows the physician to begin the patient's next session without any unfinished business
- a study of primary care physicians in Oregon (White et al., 1994) showed that:
  - 21% of closures revealed new problems not discussed earlier in the meeting
  - the average length of closure was 1.6 minutes
  - physician behaviours in closure include:
    - clarifying the plan (75%)
    - orienting the patient to next steps (56%)
    - providing information about the condition or therapy (53%)

Session 5 Wrap-Up

The Session at a Glance

- **Timing:** 20 minutes
- **Objectives:**
  — to review what has been covered during the course and what participants have accomplished
  — to encourage participants to practise the new techniques in their work
- **Approach:** lecture and discussion
- **Equipment/supplies:** video, television, VCR, flipchart and markers, copies of the *Resource Booklet* and brochure entitled *Self-Assessment*, evaluation forms, overheads and projector

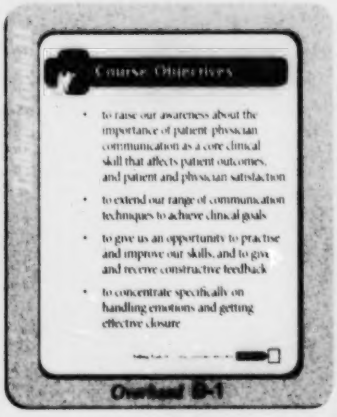
Lecture and Video: *A Recap*

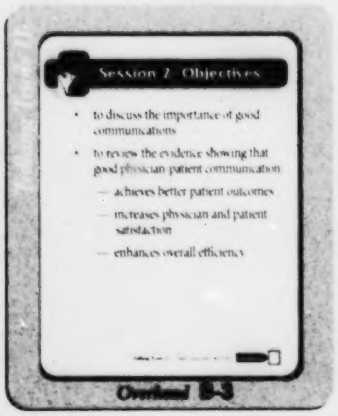
Timing:
- 10 minutes

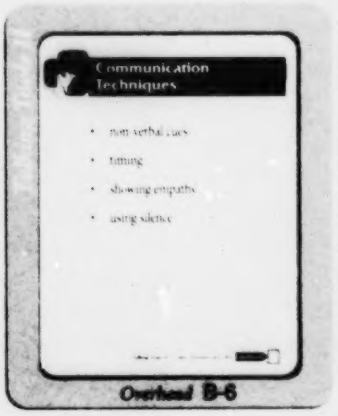
Objectives:
- to briefly review what was done during the course

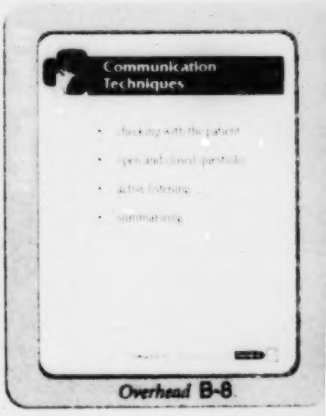
Process:
- review highlights of the evidence on patient-physician communication
- review the communication techniques addressed during the course
- play the second half of the video again. Ask participants to write down all of the communication techniques the physician uses to bring the patient back "on board."
- ask participants to take a moment to reflect on what they learned today and what they will change in their own practice, jotting down their conclusions

Materials:
- Overheads B-1, B-3, B-6, B-8


Course Objectives
to raise our awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
to extend our range of communication techniques to achieve clinical goals
to give us an opportunity to practise and improve our skills, and to give and receive constructive feedback
to concentrate specifically on handling emotions and getting effective closure
Overhead B-1


Session 2 Objectives
to discuss the importance of good communications
to review the evidence showing that good physician-patient communication
— achieves better patient outcomes
— increases physician and patient satisfaction
— enhances overall efficiency
Overhead B-3





Session 5 Wrap-Up

The Session at a Glance

- **Timing: 20 minutes**
- **Objectives:**
  — to review what has been covered during the course and what participants have accomplished
  — to encourage participants to practise the new techniques in their work
- **Approach: lecture and discussion**
- **Equipment/supplies: video, television, VCR, flipchart and markers, copies of the *Resource Booklet* and brochure entitled *Self-Assessment*, evaluation forms, overheads and projector**

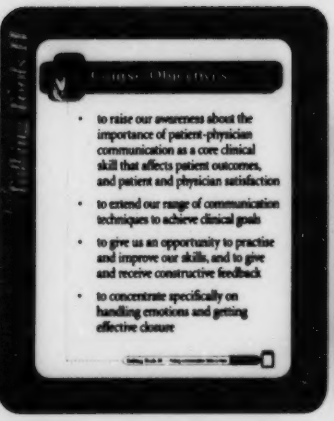
Lecture and Video: *A Recap*

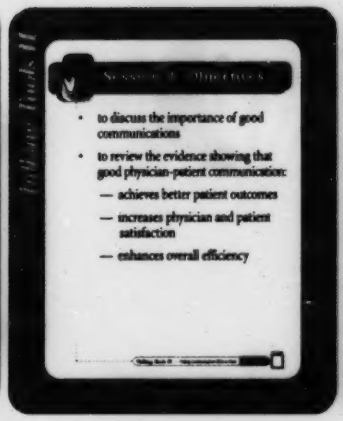
Timing:
- 10 minutes

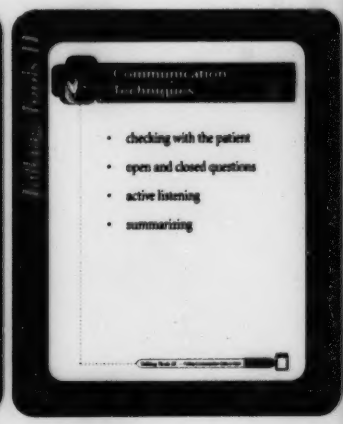
Objectives:
- to briefly review what was done during the course

Process:
- review highlights of the evidence on patient-physician communication
- review the communication techniques addressed during the course
- play the second half of the video again. Ask participants to write down all of the communication techniques the physician uses to bring the patient back "on board."
- ask participants to take a moment to reflect on what they learned today and what they will change in their own practice, jotting down their conclusions

Materials:
- Overheads B-1, B-3, B-6, B-8


Course Objectives
to raise our awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction
to extend our range of communication techniques to achieve clinical goals
to give us an opportunity to practise and improve our skills, and to give and receive constructive feedback
to concentrate specifically on handling emotions and getting effective closure


Session 5 Objectives
to discuss the importance of good communications
to review the evidence showing that good physician-patient communication:
— achieves better patient outcomes
— increases physician and patient satisfaction
— enhances overall efficiency



Course Wrap-Up

- What we know from the research:
  - — there are major problems in communication between physicians and patients
  - — communication is a core clinical skill — it can improve patient satisfaction and health outcomes
  - — communication can have a positive impact on physician satisfaction
  - — communication can enhance efficiency (i.e., save you time)
  - — communication skills can be learned and retained; while personality and personal style may give you a head start, everyone can improve

- A sampling of communication techniques which can be used to achieve the goals of handling patients' emotions and getting effective closure:
  - — body language
  - — timing
  - — showing empathy
  - — using silence
  - — checking with the patient
  - — open and closed questions
  - — active listening
  - — summarizing

What the Evidence Tells Us About Communication

Yes, there is a problem

- More than 54% of all patient complaints and 45% of patient concerns are not elicited by physicians.
- In 50% of visits, patient and physician do not agree on the nature of the problem.
- On average, physicians interrupt patients 18 seconds into the patient's description of the problem; and once interrupted, patients are unlikely to raise additional concerns.
- Most malpractice suits are due to communication errors, not competency errors — patients whose autonomy and means of expression are severely limited by the demands of time and a physician-directed, narrowly focused interviewing style are less satisfied and more likely to bring suit.
- Patients' most common complaint is lack of information from their physicians, for example, 83% of people believe in patients' right to information.

Communication can improve patient outcomes

- Randomized, controlled trials demonstrate that patients with diabetes, hypertension and ulcer disease who are trained to be more assertive in physician interviews have significant reductions in glycosolated hemoglobin, blood pressure and functional limitations from ulcer disease.
- Patients' perceptions that they had been listened to fully and completely by the physician were the single variable most highly associated with relief of chronic headache symptoms.
- Interviewing style in assessing and educating patients about compliance affects the accuracy of information and the potential for miscommunication — and therefore noncompliance.
- The style of delivering news to patients may determine the acceptability of a diagnosis or recommendation.
- 16 of 21 studies showed positive, significant relationships between communication and patient health outcomes.

Communication affects patient satisfaction

- A patient-centred interviewing style has a strong positive effect on patient satisfaction.
- Communication skills such as meeting expectations, giving information, and talking about distressing problems are related to patient satisfaction.
- Including certain communication behaviours (education, stress counselling, negotiation) during visits with primary care patients predicted patient satisfaction whereas technical interventions (examination, tests, medications) did not.

Communication affects physician satisfaction

- Communication skills of meeting expectations, giving information and talking about distressing problems are related to physician satisfaction.
- Physicians' overall satisfaction was most closely related to the patient-physician relationship.

It doesn't take any longer

- Physicians who are sensitive to and explore patients' emotional concerns take a mean of one minute longer to complete visits than physicians who do not.
- There was no increase in the length of the interview in primary care following training in the skills of "problem-defining and emotion-handling."
- Physicians who used more appropriate communication skills and involved their patients more actively in their own care did not have longer interviews than their colleagues.

Communication skills can be taught, learned and retained

- Medical students who learned key interviewing skills were diagnostically more efficient and effective in interviewing patients.
- Training internal medical residents and staff physicians to use more appropriate interviewing skills led to significant improvements in the information-gathering process.
- An eight-hour communication course in CME improved primary care physicians' detection and management of psychosocial problems and reduced patients' emotional distress.
- Improvement in the interviewing skills of established general practitioners following an interview training course was maintained over a two-year period.
- Practice and feedback are the only ways of actually learning the skills; feedback may come from "inside" (e.g., critical review) or "outside" (e.g., patient feedback).

Discussion: *What Will You Do Differently as a Result of the Course?*

Timing:
- 15 minutes

Objectives:
- to encourage participants to take what they have learned into their practice
- to encourage participants to continue learning and improving by practising self-assessment techniques

Process:
- go around the group and ask participants to share something they learned and to indicate what, if anything, they will change in their practice
- hand out the *Resource Booklet*
- encourage continued learning from each other and from ongoing self-assessment
- ask for comments and hand out evaluation form
- congratulate and thank participants

Course Objectives

- to raise awareness about the importance of patient-physician communication as a core clinical skill that affects patient outcomes, and patient and physician satisfaction

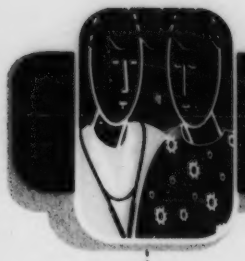
- to extend the range of communication techniques to achieve clinical goals

- to improve skills, through practice, constructive feedback and discussion

- to concentrate specifically on two skill sets:
  - — drawing out the patient
  - — sharing decision making

Course Overview

- welcome and objectives
- the evidence for investing in communication
  - — discussion
  - — recap
- handling emotions
  - — discussion
  - — participant activity
  - — recap
- getting effective closure
  - — discussion
  - — participant activity
  - — recap
- wrap-up



Session 2: Objectives

- **to discuss the importance of good communication**
- **to review the evidence showing that good physician-patient communication:**
  - **— achieves better patient outcomes**
  - **— increases physician and patient satisfaction**
  - **— enhances overall efficiency**

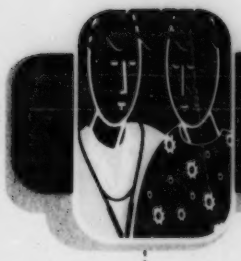
The Evidence

- **there are major problems in communication between physicians and patients**
- **communication is a core clinical skill — it can improve patient satisfaction and health outcomes**
- **communication can have a positive impact on physician satisfaction**
- **communication can enhance efficiency (i.e., save you time)**
- **communication skills can be learned and retained**

Session 3: Objectives

- **to increase our awareness about the importance of handling patients' emotions**

- **to give us the opportunity to practise several communication techniques for handling patients' emotions**



Communication Techniques

- **non-verbal cues**
- **timing**
- **showing empathy**
- **using silence**

Session 4: Objectives

- **to increase awareness about the importance of getting effective closure in a consultation**

- **to identify and practise three or four techniques for getting closure**

Communication Techniques

- **checking with the patient**
- **open and closed questions**
- **active listening**
- **summarizing**

Triad Role Play Instructions

Timing:

- 20 minutes

Mrs. Wilson:

- refuses traditional treatment options and wishes to pursue herbal remedy
- is extremely emotional — upset and frightened
- after the role play, shares how she felt during the role play and her "gut reaction" to the physician's words, gestures, questions

Physician:

- empathizes with Mrs. Wilson, and tries to understand more about her anxieties and resistance to traditional therapies
- uses communication techniques to manage Mrs. Wilson's emotions effectively, including:
  - — body language
  - — timing
  - — showing empathy
  - — using silence
- once the role play is concluded, reviews her/his own "performance," saying what went well and what could have been improved

Observer:

- watches the role play, identifying the skills used by the physician and their impact on Mrs. Wilson
- provides feedback on the role play, adhering to the "rules of the road" for feedback, which are:
  - — focus on the **positive** — the many things that went well — describing behaviours, attitudes and skills specifically reinforces them, lays the groundwork for refinement of skills and helps other group members learn them
  - — offer **constructive** criticisms — first, allow the interviewer to identify problem areas and then explore alternative approaches with the group. Encourage group members to try out alternatives rather than just describe them. Remind participants to keep considering what outcomes you are trying to achieve — as a clinician — as a patient

Observer Feedback Form

To observers: Use this form to record your observations during the role play. Remember to watch for the positive as well as problem areas, and to think of what improvements can be made.

Techniques used	Mrs. Wilson's reaction
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

What went well:

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What could be improved on and how:

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Buzz Group Definitions

Checking with the patient involves determining if your assumptions/understanding of a situation is correct. It involves repeating/paraphrasing your understanding and asking for the patient's corroboration.

Open questions do not limit the response. They suggest that elaboration is both appropriate and welcome.

Closed questions limit the response to a narrow field — usually a "yes" or "no," or a few words.

Active listening is the sincere attempt to understand — and confirm — what is being communicated.

Summarizing involves encapsulating what the patient has said, then inviting her/him to correct your interpretation and to provide further, clarifying information.

Talking Tools II

Participant Feedback

Please take the time to complete the following questions about the content and format of the course, and leave th
completed form with the facilitator.

1 I attended (please check one):

- ❑ Course A — "Drawing Out the Patient and Sharing Decision Making"
- ❑ Course B — "Handling Emotions and Getting Effective Closure"

2 Previously, I attended (please check one):

- ❑ *Talking Tools I* — "Better Physician-Patient Communication for Better Patient Outcomes"
- ❑ *Talking Tools II*, Course A — "Drawing Out the Patient and Sharing Decision Making"
- ❑ *Talking Tools II*, Course B — "Handling Emotions and Getting Effective Closure"

3 Overall, I found the contents of the *Talking Tools II* course to be:

1	2	3	4	5	❑
essential		useful		a waste of time	can't say

4 In terms of their relevance to my practice, I found the discussions and exercises in the *Talking Tools* course to b

1	2	3	4	5	❑
extremely relevant		somewhat relevant		not at all relevant	can't say

5 Please indicate how useful you found the different elements of the *Talking Tools II* course:

	essential		useful		a waste of time	can't say
Resource booklet	❑	❑	❑	❑	❑	❑
Video	❑	❑	❑	❑	❑	❑
Role play	❑	❑	❑	❑	❑	❑
Discussions	❑	❑	❑	❑	❑	❑
Lectures	❑	❑	❑	❑	❑	❑

6 What, if anything, will you do differently in your practice as a result of this course?

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7 What could be done to improve the course?

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8 Other comments:

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References

The concepts and research presented in this resource draw substantially on the following sources:

Input from the Curriculum Working Group of the Canadian Breast Cancer Initiative's Professional Education Strategy *(see Acknowledgments).*

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*Resources**

A variety of training materials and other resources on patient-physican communication are available. The sources for some of these resources are identified below.

- *Primary Care Institute*, 1000 South Avenue, Box 140, Rochester, New York 14620, (716) 242-8100, Fax (716) 473-2302.
- *The Four Habits of Highly Effective Clinicians: A Practical Guide*, Richard Frankel, Ph.D., and Jerry S. Stein, M.D., 1996, Physician Education and Development, Kaiser Permanente, Northern California Region.
- *CME Curriculum on Communication Skills for Primary Care Physicians*, Dr. Debra L. Roter, Johns Hopkins University, School of Hygiene and Public Health.